Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

05097

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1. PLACE OF DEATH		TES (6)	RESERVED ON	PASS	2. USUAL RESIDENCE (V	Vhere deceo:			before or	dmission)
o. COUNTY	LLEGANY		MARYI	LAND	o. STATE MAR)	LAND	b. COUN		EGAN	Υ
b. CITY OR TOWN	(If outside corporate limits	5,	c. LENGTH OF STAY IN	V 1b	c. CITY OR TOWN (If ou	tside corpore	ote limits, write RUR			
LONACON	id give nearest tawn)		3 WEEKS	3	CIIME	BERLAN	TD.		01.	1
AND DESCRIPTION OF THE PARTY OF	TAL OR INSTITUTION (If no	t in hospitol, g			d. STREET ADDRESS				e. IS	S RESIDENCE
KYLE	NURSING HOM	E			112 WEE	BER SI	REET		YES	N A FARM?
3. NAME OF	Fir	rst	Middle		Lost	4. DATE	Monti	1	Doy	Year
DECEASED (Type or print)	JESSE		ERNEST	AF	BERNATHY	OF DEATH	MAY		17	19 67
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		. DATE OF BIRTH	5	O. AGE (In years lost birthdoy)	IF UNDER 1		UNDER 24 HRS.
MALE	WHITE	WIDOWED	DIVORCED		TOV. 7, 1902		64 yrs.	MOIIIIZ	Doys H	lours Min.
	N (Give kind of work done		ND OF BUSINESS OR		11. BIRTHPLACE (County		reign country)		ZEN OF WI	HAT
during most of working MECHAN	IC	IN	DUSTRY GARAGE		CROSS.	W. V	rA	U	NTRY?	
13. FATHER'S NAME					14. MOTHER'S MAIDEN					
JESS	E G. ABERNA	THY			SARAH R	ANDAL	LS			
IS. WAS DECEASED EV	ER IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO.	17. 1	NFORMANT		Addre	ss		
NO NO	(If yes give wor or dotes o		1 05 6255	MF	S. ZELDA AB	ERNAT	HY. CUMBE	CRLAND	· MD.	
	DEATH (Enter only one cou			,			1		INTERV	AL BETWEEN
PART I. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE	(0) 2	nuocard	ial	ischem	ia	india de		ONSET	AND DEATH
420	DUE		0		1				1-6	
Conditions, if on		(b) a	eneralized	lar	Firescleres	رد	0.155421			
nise to immedia		то О	, 0.		141	n 1	100			
lost.)	(c)	azotemic	r i	terioscleres.	imi	U			
PART II. OTHER S	IGNIFICANT CONDITIONS C	ONTRIBUTING 1	O DEATH BUT NOT RELA	ATED TO T	HE TERMINAL DISEASE CON			, 4	19. WA	AS AUTOPSY REORMED?
PA PA	extour Has	thoint	estinal her	non	haze gen	eraliz	ed arthru	tes	YES [NO I
	AS UNDERLYING				Enter nature of injury in I	Port I or Por	rt II of item 18.)			
OR CONTRIBUTING	G 🗀 CAUSE OF DEATH Y MEDICAL EXAMINER)									
3 20c. TIME OF IN.	JURY Month, Day, Year	20d. IN	NJURY OCCURRED		E OF INJURY (Home, form		(City or town)	(Coun	ity)	(Stote)
Hour o	.m. .m. 19	While of work		foct	ory, street, office bldg., etc.)	4				
	ify that (I) (this has		ded7he deceased	fram	Moura,1	9.66.	a 5/18	1.196	7, that	(I) (we) la
	deceased alive an	11</td <td>1967,0</td> <td>and that</td> <td>death accurred at</td> <td>630PM</td> <td>A, fram causes</td> <td>and an the</td> <td>e date s</td> <td>stated abav</td>	1967,0	and that	death accurred at	630PM	A, fram causes	and an the	e date s	stated abav
22o. SIGNATURE	7.01	1. (-1	- 01		ATTENDING -	MED.	STAFF	22b. DA1		
	Cichera !	C, SI	undler	M.I). PHYS. X	DIRECTOR	PHYS.] MA	Y 18,	,1967
22c. PHYSICIAN' NAME (Type	-1				22d. ADDRESS					
- IVAINE (TYP)	RICHARD	E. SCH	IINDLER, M.	D	69 GREEN	E ST.	CUMBER	LAND,	MD.	
230. BURIAL, CREMATI		EREOF	23c. NAME OF CEME	TERY OR	CREMATORY	23d. LC	CATION (City or Tox	wn) (County)	(State)
REMOVAL (Specif BURIAL	1000	1967		ILL	CEMETERY		DMAN	BEDFO		PA
24. FUNERAL DIRECT			ADDRESS	3.470		BY REGISTI		GISTRAR'S SIG		
BIR	ON KIGHT	(CUMBERLAND,	MD.	DATE MA	4Y 22	1967	Cleany	Ber Vi	reder.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and competed filled in by the director, page 3 shauld be detached for use as the burial-transit permit. Then please remake carban papers. Pages shauld be filled with the State Dept. of Health priar to burial, cremation, ar remayal, and in any event; within 72 hours at Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66

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the attending physician t permit. Then please

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TO FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 should be detached for use as the burial-transit should be filed with the State Dept. of Health prior to burial, cremains the state of the sta

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event, within 72 hour

after death.

24 hours

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The law requires that the

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that t Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH J. MARYLAND

	0599		UAL RE	CERTIFI				SIKEEI	BALTIMUR	0598	TLAND	
1.	PLACE OF DEATH a. COUNTY	ALLEGANY		MARY	LANO	a. STATE		E (Where decea	sed lived, If Instit b. COUNTY	200	EGANY	
	b. CITY OR TOW Write RURAL CUMBERLA	N (if outside corpora and give nearest to ND	ate limits, wn)	c. LENGTH OF STAY	IN 1b		/N (If (rate limits, write	RURAL and	give neare	st town)
	d. NAME OF HO			In hospital, give street a	ddress)	d. STREET ADDR	RESS		HIGHWAY		e. IS REON A	SIDENCE FARM? NO X
3.		JOSEPH I	Irst NE	Middle C.	- 11	Last ALBER		4. DATE DF DEATH	Month	19	19	67
	FEMALE	6. COLOR OR RACE WHITE	W100			03-06-23		1	AGE (In years IF Mast birthday)	onths Oay	Hours	Min.
10: dui	a. USUAL OCCUPAT ring most of work HOUSEW1	TION (Give kind of work ling life, even if retire FE	kdone 10 ed)	Ob. KIND OF BUSINESS OR INOUSTRY		SANDYH	ООК	, MARYI	r foreign country)	12. CITIZE		T
13	FATHER'S NAM	LIAM COLE				14. MOTHER'S			COLE			
		EVER IN U.S. ARMED F (If yes give war or dates		16. SOCIAL SECURITY NO 219-12-2114). 17.	HOSP IT	AL	RECORDS	Address			
		DEATH [Enter only o EATH WAS CAUSED B IMMEDIATE CAUS	Y: A	per line for (a), (b), and (c)	10 1	ninary i	ate	lectas	is	IN	TERVAL BI	DEATH
	Conditions, If	any, which	TO R	ight - Pleur	ral i	Husin	J				2 m	s.
7	gave rise to cause (a), s underlying caus	tating the DUI	(c) Ca	vicinoma, fa		ranced r	-				142	//
CERTIFICATION	m	varked Ja	und		entic	meta	sto	isis	TION GIVEN IN PA			NO
	OR CONTRIBUT	WAS UNDERLYING ☐ ING ☐ CAUSE OF DE TIFY MEDICAL EXAM	ATH	Db. OESCRIBE HOW INJU						1		
MEDICAL	Hour a.i	INJURY Month, Oay, m. 19	V	Od. INJURY OCCURREO While Not While work at work	20e. PLAC factor	E OF INJURY (Ho y, street, office bl	me, fa ldg., et	rm, 20f. (0	Ity or town)	(County)		(State)
	21 L certif	fy that (I) (this hos	nital) at	tended the deceased f	rom /	1AY 7	7.19	3% to	MAY 17	190/	that (I)	(we) las

saw the deceased alive on

that (I) (we) last and that death occurred at 1 AM, from the causes and on the date stated above.

DATE SIGNED

22a. SIGNATURE PHYSICIAN'S NAME (Type) 22c.

ATTENOING PHYS.

MEO. OIRECTOR 22d. AOORESS

STAFF PHYS. 67

RICHARD E. SCHINDLER

69 GREENE NAME OF CEMETERY OR CREMATORY

CUMB., MD., 21502 LOCATION (City, town or county) 23d.

(State)

BURIAL, CREMATION, REMOVAL (Specify) BUTIAL FUNERAL DIRECTOR

23b. DATE THEREOF 5/22/67

ADORESS

Halto Ave.,

St. Mary's Catholic Cemetery

Cumberland Near 25a. MACO DE REGISTRAR 25b. REGISTRAR SIGNATURE

Md

(4) A15

1/65

23a.

CumberlandoATE

CUMBERLAND

HOUSEN LEE

FEVALE VILLE

FILLION COLF

VILLECALY

SACRED HEART HOSPITAL

JUSEPHINE

HOPPLAN

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IV WE

1233 INTICIAL INCINAL

11 03-02-53

PARY (COOPER) COLE

12 DAYS

212-21-013

RICHARD E. SCHINDLER

SANDYPOOK, MARYLAND

60 CREEKE ST., CHM2., 40., 215E

J		-	DIVISION OF VITA	AL RECORDS, 301 W. PRESTO	N STREET, BALTIMORE, MARYLA	ND 21201
M			05999	CERTIFICATE	OF DEATH	05988
de and de at			LACE OF DEATH			ved, if institution: Residence before admission)
- 5			ALLEGANY	MARYLAND	o. STATE MARYLAND	ALL FGANY
aft the ages aff			CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate lin	nits, write RURAL and give nearest town)
by # Pag	200		write RURAL and give negrest town) CUMBERLAND	2 DAYS 18HR		01.1
in 24 ho illed in t papers. hin 72 ho	50		NAME OF HOSPITAL OR INSTITUTION (If not in hosp		d. STREET ADDRESS	IS RESIDENCE ON A FARM?
in 2	70		MEMORIAL HOSP		HILL CREST	
ely with	1	h 1	AME OF First	Middle	Last 4. DATE OF	Month Doy Year
omplete ve carb			ype or print) DOROTI		AMICK DEATH B. DATE OF BIRTH 9. AG	MAY 21 1967 19 E (In years IF UNDER 1 TEAR IF UNDER 24 HR
prificate be executed within 24 physician and completely filled en please remave carban pape out, and in any/event, within 7			7, 111110	RIED NEVER MARRIED B	los	st birthdoy) Months Doys Hours Min
and c remo			F1 10-1 F2 1 1111 F	Ob. KIND OF BUSINESS OR	3 - 28 - 1896 11. BIRTHPLACE (County & State, or foreign	country) 12. CITIZEN OF WHAT
cian cease		dus		INDUCTOV	9. MARYLAND, Hager	COUNTRY?
sicat /sicil			ATHER'S NAME	bug a morbeguge of	14. MOTHER'S MAIDEN NAME	USA
h certific ling phys Then p		3	TREET JOHN MR.		SPICER, JESSIE	MPC
th c		15.	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. II	NFORMANT	Address
attending permit. The		(Te	WAS DECEASED EVER IN U.S. ARMED FORCES? no, or unknown) (If yes give wor or dotes of service)	235-30-2163	MEMORIAL HOSPI	TAL, CUMBERLAND, MD.
- 0			1B. CAUSE OF DEATH (Enter only one couse per lin PART 1. DEATH WAS CAUSED BY:	ne for (a), (b), and (c).)		INTERVAL RETWEEN
an. by the ransit			IMMEDIATE CAUSE (0)	stastatic Carcino	ma oi liver	l yr. Plus ONSET AND DEATH
ician ici ician ician ici ici ici ici ici ici ici ici ici ic			1538 DUE TO		hat haminalan	
quires physici signed burial- ourial,	-		rise to immediate rouse (a)	denocarcinoma rigi	ur nemicolon	
0			stoting the underlying couse DUE TO			
e law r tending is been as the priar to			OST. (c)	INC TO DEATH BUT NOT PELATED TO T	THE TERMINAL DISEASE CONDITION CIVEN IN	PART 1(a) 19 WAS AUTOPSY
The att	2	TION	Uremia	INO TO DEATH BUT NOT KEENIED TO T	THE TERMINAL DISEASE CONDITION STYLIN IN	PART 1(0) 19. WAS AUTOPSY PERFORMED?
AN: al ar icate far u		CERTIFICATION	20o. ACCIDENT WAS UNDERLYING ☐ 20	0b. DESCRIBE HOW INJURY OCCURRED. ((Enter nature of injury in Part I or Part II o	
T = 1 +		CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
PHYSIC ne hospi this cert etached Dept. a		MEDICAL				ry or town) (County) (State)
(D = 0 0		MEC		While Not While foctors work foctors	ory, street, office bldg., etc.)	
DIN by After be Stat			21. I certify that (I) (this haspital) a	ttended the deceased fram F	eb.14, 1966 tal	May 21, 1967, that (I) (we) lo
TTEN rained TOR: havld				20, 19 <u>67</u> , and that	death accurred at 2:15 Afra	M causes and an the date stated aba
N. S. E.			220. SIGNATURE		ATTENDING MED.	STAFF May 22, 1967
be r be r DIRE			22c. PHYSICIANS	M.D	PHYS. DIRECTOR L	STAFF PHYS. May 22, 1967
May RAL Pa	/		NAME (Type) DR. JACOBSON			T, CUMBERLAND, MD.
TO HOSPITAL Page 4 may TO FUNERAL director, page		230	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR C		ON (City or Town) (County) (Stote)
Page 4 directed should	0	R	REMOVAL (Specify) 5/23/67	Rose Hill Co		land, Allegany, Md.
7 7	V		FUNERAL DIRECTOR	ADDRESS	Tas- proin by proistors	och projetning Md

VR A15 (4) 25M 1/67

24. FUNERAL DIRECTOR
H. Wayne George Cumberland, Md.

2so. REC'D BY REGISTRAR
MAY 2 4 1967

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	06000)		CERTIF	ICATE	OF DEATH				05	989	
	PLACE OF DEATH a. COUNTY	ALLEGANY		MARY	LAND	2. USUAL RESIDENCE (W					e admissio	
	write RURAL and	If outside corporate limit d give nearest town)	is,	c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN (If our	-		RAL ond gir	ve neores	st town)	
-	FROSTE	AL OR INSTITUTION (If n	at in hasnital a	D. O. A.		d. STREET ADDRESS	TBUR	G		7/-/	e. IS RESII)FN(F
		HOSPITAL	ar iir iiaspirai, g	ive sireer address)			ALNU	T ST.			ON A F	
	NAME OF DECEASED (Type or print)	ANTHONY	FRANCI	Middle S ARNONE		Lost	4. DAT OF DEA	MAY		1, Doy	Yei	67
S.	SEX ALE	6. COLOR OR RACE WHITE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		B. DATE OF BIRTH SEPT. 21, 1	905	9. AGE (In years last birthday)	IF UNDER Manths	Doys	IF UNDER Hours	Min.
100		(Give kind of wark dane	10b. KI	ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County MARYLAND	& Stote, o	1.5.	12. C	ITIZEN OF OUNTRY?	-A-	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME					
	LOUIS A	RNONE	11-1-17			CATHER	INE	QUALTIRE				
15. (Ye	WAS DECEASED EVE es, no, or unknown) YES	R IN U.S. ARMED FORCES? (If yes give war ar dates WW 2	of service) 215	-05-8055		NFORMANT S. JENNIE AR	NONE	Addr FROSTBU		D.		
	1B. CAUSE OF D	EATH (Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE	use per line for	(o), (b), ond (c).)	2-1-2	my occ	liva	1			ERVAL BET	
	Conditions, if ony	DUE	10	0	2.	oscular		0.		2	1.0	
Н	rise to immediat	e couse (o), ((p)	Cars	-60-0	coculon	10	eisable		2	gre	
	stating the unde	rlying couse	(c)									
	_	CNIECANT CONDITIONS		O DEATH BUT NOT DEL	ATED TO	THE TERMINAL DISEASE CON	IDITION G	CIVEN IN PART 1/a)	-21-1	19.	WAS AUTO	PSY
ATION	TAKI II. OIIIEK SI	GNIFICANT CONDITIONS	CONTRIDUTING	O DEATH BOT NOT KED	AILU IO	THE TERMINAL DISEASE CON	ipinion c	TIVEN IN TAKE I(U)			PERFORM ES	
MEDICAL CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	205. DE	SCRIBE HOW INJURY OF	CCURRED.	(Enter nature of injury in I	Part I or	Port II of item 18.)		6		
MEDICA	20c. TIME OF INJI Hour a.r p.r	10	20d. IN While at work	JURY OCCURRED Not While at wark		CE OF INJURY (Home, farm ary, street, office bldg., etc.)		f. (City or tawn)	(Co	ounty)		(State)
j	21. I certi	fy that (I) (this ha	spital) attend	ded the deceased	fram_ and tha	t death accurred at,	9/06	M, from couses				
	22a. SIGNATURE	John	m B	, Davi	M.l م	D. ATTENDING PHYS.	MED. DIRECTO	R STAFF PHYS.	22b.	DATE SIGN	NED / 6	: > -
	22c. PHYSICIAN'S NAME (Type		DAVIS,	M. D.		22d. ADDRESS 2 BROAD	WAY,	FROSTBUR	G, MD			
230	REMOVAL (Specify		1967	ST. MICH		CREMATORY S CEMETERY	23d.	FROSTBURG	,	(County	r) (S	tate)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletery filled in by the Diperal director, page 3 shauld be detached for use as the burial-transit permit. Then please remark carban papers. Pages, Lond 2 should be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death. -within 24 haurs O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the haspital ar attending physician.

99

VR A15 (4) 20 M 1/66

24. FUNERAL DIRECTOR
JOSEPH R. DURST, SR., FROSTBURG, MD.

25a. REC'D BY REGISTRAR 15 1967

2Sb. REGISTRAR'S SIGNATURE

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After FUNERAL DIREC shauld 3 page the 0 VS A15 (4) 1SM 9/5B

physician.

220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Burial Philos Cemetery ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE

22d. LOCATION (City, town, or county) Westernport Md.

e. IS RESIDENCE

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES NO

(Stote)

DATE SIGNED

(County)

ON A FARM?

YES NO

Year

19 67

Keyser W. Va.

Westernport, Md.

240. REC'D BY REGISTRAR 245. REGISTRAR'S SIGNATURE

Allegacy _____ isryland _____ years like 010000of a constant and the deerstand of amount Source Source State May 25 195 Didk, . . Live A live with a side of latent of treatment of the contract the tree of t own your Revent broke S own strangered and the stranger to the strange . All acommonsor and a succession of the . M. Pognaedson grecomed scline . 70-1-2 M. Istaus

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

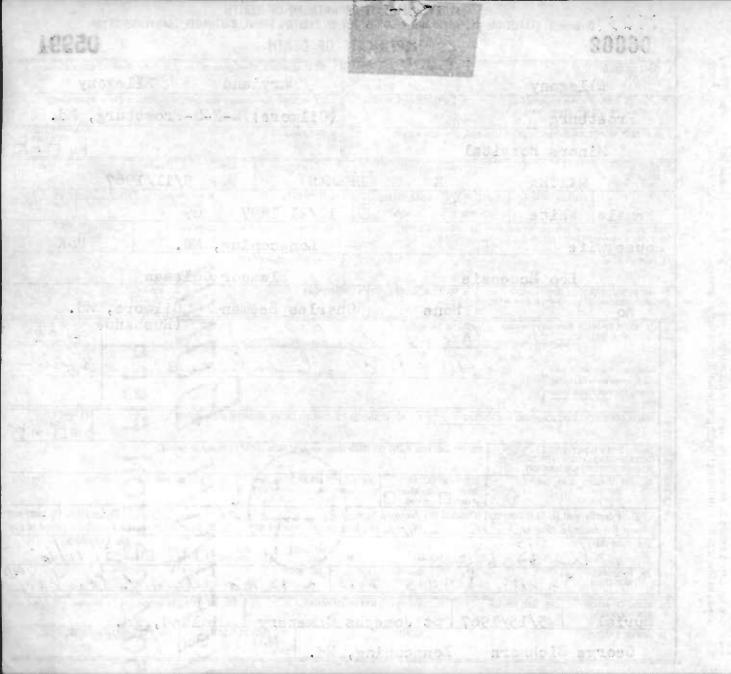
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hours after death n by th taneral s. Pages 1 and 2 hours after death			LACE OF DEATH . COUNTY	legany	\$	MARY	rland	2. USUAL RESIDENCE (Where deceased lived, if inst b. C	nitutian: Residence	befare admission)
by the Pages			CITY OR TOWN (If write FURAL and	autside carparate limits, give nearest town) DUPS		c. LENGTH OF STAY I	N 1b	(Gilmore)	rtside carparate limits, write R-F-D-Fro	RURAL and give I	nearest town) Md. 01-1
nin 24 hou Tilled in b popers. thin 72 ho		d		it or institution (if not ners Hosp		ive street address)		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
hin 24 filled pape thin 73	5/	3 N	IAME OF	ners nost		Middle		Last	4. DATE N	Manth	Day Year
pretely from the control with		0	FCFACED	MARTHA		E	BEE	MAN	OF DEATH 5/13	1/1967	19
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tifica hysic n ple val, o		13.	FATHER'S NAME		- 1			14. MOTHER'S MAIDEN			
ng p The	1	15	WAS DECEASED EVER	Leo McKe	14 0	OCIAL SECURITY NO.	17 IN	IFORMANT	anor Colema	ddress	
attending permit. The		(Yes	, na, ar unknawn) No	(If yes give war ar dates af	service)	lone		narles Be	eman Gi	lmore,	
the character th			18. CAUSE OF DE. PART I. DEAT	ATH (Enter only one caus H WAS CAUSED BY: IMMEDIATE CAUSE (Con	(a), (b), and (c).)	do	lusion	7 — (Hi	isband)	ONSET AND DEATH
quires that thy physician. signed by the burial-transit burial, crema			112.01	DUE 1	0	011)	7	Tois	lo. win		340-
PHYSICIAN: The law requires that the death certificate be executed within 24 hours be haspital ar attending physician. This certificate has been signed by the attending physician and campretely filled in by this certificate has been signed by the attending physician and campretely filled in by that charten use as the burial-transit permit. Then please remave capper papers. Propert at Health priar to burial, crematian, ar remaval, and in any event, within 72 hour.			Canditians, if any, rise to immediate stating the under last.	cause (a),	(c)	CVD		of and	ciero ins		
The la ir attence to has b use as alth pria	2	ATION	PART II. OTHER SIG	ENIFICANT CONDITIONS CO	NTRIBUTING T	O DEATH BUT NOT REL	ATED TO TI	HE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a		19. WAS AUTOPSY PERFORMED? YES NO
SICIAN: The aspital ar at a spital ar at a serificate had far use to a		L CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING ((IF EITHER, NOTIFY)	CAUSE OF DEATH	20b. DES	SCRIBE HOW INJURY O	CCURRED. (I	Enter nature af injury in	Part I ar Part II af item 18.)	
		MEDICAL	20c. TIME OF INJU Haur a.m p.m	10	20d. IN While at wark	JURY OCCURRED Nat While at wark		E OF INJURY (Hame, farr ry, street, affice bldg., etc.		(Caun	(State)
P S S P S			saw the de	y that (I) (this hosp ceased alive on		ded the deceased	from ond that	death accurred of	19 6/, to 3/ M, from cous		that (I) (last last e date stated above.
d 38 9 4			22d. SIGNATURE	lu B.	Da	vis,	M.D	ATTENDING PHYS.	MED. STAFF PHYS.	22b. DAI	TEASIGNED / (6)
ITAL RAL Pa	1		22c. PHYSICIAN'S NAME (Type)	Jo haB	, D	Auis,	M.D	1 B	ROAdwi	4 W- F	Postburg.
O HOSP Page 4 r O FUNER directar, shauld I		23a.	BURIAL, CREMATIO	N, 23b. DATE THEF		23c. NAME OF CEMI			23d. LOCATION (City of		County) (State)
0 0 0 p 2	P		Burial (Specify)	5/15/	1967	St Jose	ephs	Cemetery	Midland	Md.	

VR A15 (4)

24. FUNERAL DIRECTOR

George Eichhorn

St Josephs Cemeter
ADDRESS 25q Lonaconing, Md.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	- 4	06003	CERTIFICATE	OF DEATH	051	003
		PLACE OF DEATH D. COUNTY Allegans	MARYLAND	2. USUAL RESIDENCE (Where	deceased lived if institution: Reside b. COUNTY	nce before odmission)
	b	o. CITY OR TOWN (Ht stride corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside	corporate limits, write RURAL and gire	veneugest town)
51	d	Meners Hospital Or INSTITUTION (If not in h	aspital, give street address)	d. STREET ADDRESS New	Row	e. IS RESIDENCE ON A FARM? YES NO
	0	NAME OF DECEASED Type or print)	Middle A.	Broiler	DATE Month OF DEATH MAY 25	Doy Year
	S. S	Mule White w	IARRIED NEVER MARRIED DIVORCED DIVORCED	May 31, 8=	9. AGE (In years IF UND A Manths Yrs.	Days Haurs Min.
	dy	no most of wark notify even if retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BURTHPLACE County & Sto	rage Md &	OUNTRY A
		Genje C	Brailer	14. MOTHER'S MAIDEN NAME EMPL	Durbin	
	(Yes	WAS DECEASED VER IN U.S. ARMED FORCES? s, pa or unknown) (If yes give war or dates at serv	ice) Ma	Cletus 1	Brailer M.V.	Sorge
		18. CAUSE OF DEATH (Enter only one cause pe PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Terangal Uren	una - due &	to Chris read	INTER AL BETWEEN ONSET AND DEATH
		Conditions, if ony, which gave rise to immediate cause (a),	Exterioscleratio	Hyperten	ine CYD.	26 yrs? 13
		stoting the underlying couse DUE TO ast. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTR	DUTING TO DEATH BUT NOT DELATED TO	THE TERMINAL DISEASE CONDITI	ON CIVEN IN DART 1/a)	19. WAS AUTOPSY
2	CERTIFICATION		NON	VE		PERFORMED? YES NO
		20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED. 20d. INJURY OCCURRED 20e. PLAI	CE OF INJURY (Hame, farm,		ounty) (Stote)
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Hour a.m. p.m.	While of work of the state of t	ary, street, affice bldg., etc.)		
		21. I certify that (I) (this haspital saw the deceased alive an 220. SIGNATURE	stepded the deceased fram19_62, and tha		30 AM, fram causes and an	the date stated above. DATE SIGNED
		200 PHYSICIAN'S	other Em M.	D. ATTENDING MED DIR 22d. ADDRESS		7/25/67
1	230	NAME (Type) MARTIN M. BURIAL CREMATION, 23b. DAJE THEREO		CREMATORY	23d. LOCATION (City or Town)	
1	1	DEPMOVAL (Specify) 5/27/	57 SA Patrick	Com. 25a. REC'D BY		SIGNATURE
10	1	Laura Allein	Vac. 1 1heb.	DATE	29 1967 Aclia	Man Judan .

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers, Pages 1 and should be filed with the State Dept. of Health priar ta burial, crematian, ar removal, and in any event, within 72 hours after deather.

VR AISME (5) 5M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND SCOOL MEDICAL EXAMINER'S CERTIFICATE OF DEATH

UT						- Linker	-
EATH						sidence before	admission)
Allegany	County MARYLAN					ranv	
							est town)
	02 Vears		0 1 7	3			
		(ACC) d STREET AC		and	0	I A IS R	FSIDENCE
		d. STREET AL	DUKESS			DN /	FARM?
39 Glenwood S	treet	930	9 Glenwo	od Street		YES	ND X
First	t Middle	Last			h		aar
nt) Noah	Alfred	Brown				5 19	967
6. COLOR OR RACE 7	. MARRIED NEVER MARRIED	8. DATE OF BI	RTH	9. AGE (In yaers	IF UNDER 1		
Black		July 15.	1883		Months D	Days Hour	s Min.
PATION (Give kind of work do				7	12. CIT	IZEN OF WH	AT
orking life, avan if retirad)					COL	JNTRY?	
	Street Dept.			A F		USA	
MME							
			Agnes Co				
		17. INFORMANT		Addra	SS		
	218-38-2360	Cumberl	and City	r Police De	ept.	Cumber:	land
OF DEATH [Enter only one	cause par lina for (a), (b), and (c),					INTERVAL E	FTWEEN
. DEATH WAS CAUSED BY:	Caman		sion			Sudder	DEATH
23.7	/	ary occiu	01011			Dudday	
DOE IC		roners So	lerosis				
)	Tonary DC.	Tel 0919				
stating the DUE TO)						
1 10						124 11/46	- Uranav
ER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TER	MINAL DISEASE	CONDITION GIVEN IN	(PART1(e)		NO X
RNAL CAUSE WAS) or CONTRIBUTING DEATH.	20b. DESCRIBE HOW INJURY	OCCURRED. (Entar n	ature of Injury	In Part I or Part II	of Item 18.)		
OF INJURY Month, Day, Ya	ar 2Dd. INJURY OCCURRED 2Da	. PLACE OF INJURY		Df. (City or town)	(Coun	nty)	(State)
e.m.	While Not While	factory, streat, office	bldg., atc.)				
						and to me	
rtify that I took charge i	of the remains described above		, Inspe			and in m	y opinion
sulted from: Natural c	auses X. Accident,	Suicide,	Homicide	, Undetermined	manner		
1	16.	CHIEF	MEDICAL EXAM	INER			
+ Denedic	I Skitarelia	M.D. ASSIST.	ANT MEDICAL E	XAMINER		22. DAT	E SIGNEO
			Y MEDICAL EXA	MINER X May	7 5,	1967	
Benedict S	Skitarelic, M.D.	Address	s (Straat, city,	town, or county) C1	mberla	and. Me	i.
REMATION, 23b. DATE TH	EREOF 23c. NAME OF CEM						(Stata)
(Spacity)		lemeterr	No	ar Cumberl	and. M	arylan	d
DIRECTOR	ADDRESS	2	5a. REC'D BY	REGISTRAR 25b. F	EGISTRAR'S	SIGNATURE	
m to tot	230 Balto Ave.	Cumberlant	0 14.1	1967 VCL	arla	Ludge	
o. namer, or	, 2,0120200		AIE J	1001	- (,	7 0	
	Allegany TOWN (If outside corporate RAL end give nearest town) Umberland HOSPITAL OR INSTITUTION 39 Glenwood Strist Thi) Noah 6. COLOR OR RACE 7 Black PATION (Give kind of work do orking life, avan if retirad) City Employee NAME Albert J. ED EVER IN U.S. ARMED FORCE IMMEDIATE CAUSE (6 DUE TO If eny, which to immadiate stating the stating the cause lest. CE ER SIGNIFICANT CONDITION RNAL CAUSE WAS FOR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION RNAL CAUSE WAS FOR CONTRIBUTING CONTRIBUTION RNAL CAUSE WAS FOR CONTRIBUTING CONTRIBUTION RNAL CAUSE WAS FOR CONTRIBUTION CONTRIBUTION REATH. OF INJURY Month, Day, Ya e.m. p.m. 19 REMATION, 23b. DATE TH (Spacify) May 10 PRICECTOR	Allegany County MARYLAN TOWN (if outside corporate limits, RAL end give nearest town) Mumberland 83 Years HOSPITAL OR INSTITUTION (if not in hospital, give straet add greater) PATION (Give kind of work done) Black PATION (Give kind of work done) City Employee Albert J. Brown Albert J. Brown EDE EVER IN U.S. ARMED FORCES? In) (If yes give war or dates of service) OF DEATH (Enter only one cause par lina for (a), (b), and (c).) IMMEDIATE CAUSE BY: OF IMMEDIATE CAUSE BY: ER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT geath. OF INJURY Month, Day, Yaar at work at	Allegany County Allegany County MARYLAND TOWN (if outside corporate limits, alled end give nearest town) Mahle end give nearest end give straet address) Middle Last Middle Last Middle Brown Mahle end give married Brown Middle Last M	Allegany County MARYLAND C. CITY OR TOWN (if outside corporate limits, rate and give nearest town) 23 Years Cumber 1 and Hospital OR Institution (if not in hospital, give straet address) 39 Glenwood Street 939 Glenwood 939 Gl	Allegany County Allegany County MARYLAND COUNTY (if outside corporate limits, was completed give nearest town) in the control of the complete state of the county of th	Allegany County Maryland Allegany County Maryland County Maryland County Maryland County Maryland County Maryland County Maryland County Maryland County Maryland County Maryland County County Maryland County Maryland County Alfred Brown Black Mooth Mooth Fatter Mooth Mooth Sold (Myses Mooth Mooth Mooth County Maryland County Maryland County Maryland Address Street Dept. Maryland County Mooth County Mooth Maryland County Mooth County Mooth Maryland County Mooth County Mooth County Mooth Maryland Cou	SATH Allegany County Maryland 2. USUAL RESIDENCE (Where deceased lines, H institution: Residence before to a state Allegany County Maryland Sayears County (if outside corporate limits, C. LENGTH OF STAY IN 1D SAX ears Say Hour Sayears County (if outside corporate limits, C. LENGTH OF STAY IN 1D Sayears C. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) Sayears C. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) C. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) C. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) C. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) C. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) C. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) C. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) C. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) C. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) C. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) C. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) C. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) C. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) C. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) C. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) C. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) C. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town C. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town C. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town C. CITY OR TOWN (if outside corporate lim

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TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 is retained by the hospital or attending physician.

Grove After this certificate has been signed by the attending physician and completely in by the funeral refrector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

115M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

0.6005	CERTIFICA	E OF DEATH	L. BEBO	
1. PLACE OF BEATS a. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (Where deceased in a. STATEMARYLAND	COUNTY	DGANY
b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town) Lavale	c. LENGTH OF STAY IN 16 68 years	c. CITY OR TOWN (If outside corporate lim	its, write RURAL and	give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in he 908 Nat. Highway, LaVale,	ospital, give street eddress)	d. STREET ADDRESS 908 NATIONAL HIGHWAY		IS RESIDENCE ON A FARM?
3. NAME OF first	Middle	Jost 4. DATE	Month	Dey Year
OECEASED (Type or print) LESTER	WILSON BROW	VNING OF DEATH	MAY 12	19 67
5. SEX 6. COLOR OR RACE 7. MARRI WHITE WIDOW		MAY, 25, 1998 68' bi	In years IF UNDER 1 Y rthday) Months Da	EAR IF UNDER 24 HRS. Hours Min.
aone suring most of working life, aven if retired)	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & Stete, or foreign CUMBERLAND, MARYLAN	,	EN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
RUSSELL BROWNING		MRS. JULIA F. (JACKSON) H	BROWNING
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 (Yes, no. or unknown) (If yes give wer or detes of service)	214-05-6395	MRS RUTH V. BROWNING	Address La	aVale, Md.
Conditions, if eny, which gave rise to immediate cause (e), stefing the underlying cause last.	oronary arte	Heart Disease		1 day 25 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CO				19. WAS AUTOPSY PERFORMED? YES NO
	None	. (Enter neture of injury in Part I or Part II of item	18.)	
20c. TIME OF INJURY Month, Day, Year 2Dd. Hour a.m. Whi p.m. 19 et wo	TO THE PARTY OF TH	CE OF INJURY (Home, ferm, 2Df. (City or town ory, street, office bldg., etc.)	n) (Count	y} (Stete)
21. I certify that (I) (this hospital) atten			A STATE OF THE PARTY OF THE PAR	
saw the deceased alive on	2.,19.6.7., and that	death occured at5.26 feeld the c	causes and on the	
	eve an MA	ATTENDING MED. STAIN PHYS. PHYS. PHYS. PHYS.		22b. DATE SIGNED 5-12-67
NAME (Type) DR. JAMES P. H.	ALLINAN	140 BEDFORD STRE	ET, CUMBER	LAND, MD.
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) BURIAL 15 MAY 67	REST LAWN MEN		City, town or county) Maryland	(State)
24 FUNERAL DIRECTOR'S SIGNATURE	OL Decatur stre	25a. REC'D BY REGISTRAR 2	5b. REGISTRAR'S SIC	

MINISTRAL SAME AND AND ADDRESS OF THE PERSON		SECURITION OF SECURITIONS	
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TAN SERVICE	Foe gure in the Tas and	dife-th- its	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06006

CERTIFICATE OF DEATH

05996

1.	PLACE OF DEATH			Where deceosed lived, if institution	
1	ALLEGANY	MARYLAND	o. STATE MAR	YLAND b. COUNTY	ALLEGANY
	b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b		itside corporote limits, write RURAL	
	write RURAL and give nearest town)	19 DAYS	CUN	BERLAND	01.1
50	d. NAME OF HOSPITAL OR INSTITUTION (If not in hos		d. STREET ADDRESS		e IS RESIDENCE
-	MEMORIAL HOSPITAL		410 DE	CATUR ST.	ON A FARM? YES NO
3	NAME OF First	Middle	Lost	4. DATE Month	Doy Year
1	(Type or print) JOSEPH	F.	BUCKLEW	OF DEATH MAY	10 167
S.	. SEX 6. COLOR OR RACE 7. MA		B. DATE OF BIRTH	9. AGE (In years	FUNDER 1 YEAR IF UNDER 24 HRS.
	1011	OWED DIVORCED	1-15-1876	91 yrs.	Months Doys Hours Min.
10	00. USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County	& Stote, or foreign country)	12. CITIZEN OF WHAT
l u	uring most of working life, even if retired) Retired B & O R. R. Con	ductor	WEST VI	RGINIA	COUNTRY?
	3. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
Je	BALDWIN BUCKLEW			Rachael Rho	des
	S. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or dates of service		NFORMANT	Address	
,	No	705-09-7801 N	MEMORIAL H	IOSPITAL. CUM	BERLAND. MD.
	18. CAUSE OF DEATH (Enter only one couse per f				INTERVAL RETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	cordial a	nest, t	Emmal	ONSET AND DEATH
	4200 DUE TO	- 1 1	1 1	4	
	Conditions, if ony, which gove) (b)	alloworde	colie her	l disease l	net I month
	rise to immediate couse (a), Stating the underlying couse DUE TO	a. Jane	Mine for	em	3
	lost. (c)	generalinge	arlon	relevais	
-	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU				19. WAS AUTOPSY
CERTIFICATION					PERFORMED? YES NO
199	20o. ACCIDENT WAS UNDERLYING	Ob. DESCRIBE HOW INJURY OCCURRED.	Enter noture of injury in	Port I or Port II of item IB.)	1 - 0 - 8
E	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICAL	20c. TIME OF INJURY Month, Day, Yeor	20d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, form	n, 20f. (City or town)	(County) (Stote)
MED	Hour o.m.	While of work of work of work of work	ory, street, office bldg., etc.)	13-12-1	
	21. I certify that (I) (this haspital)		23 am 1	9 7 10	7, 1967 that (I) (we) las
		moy 1967, and that		M, from causes an	d an the date stated above
	220. SIGNATURE	^ 4			22b. DATE SIGNED
	wares 1	in alma M.D		MED. STAFF PHYS.	6 may 6
1	22c. PHYSICIAN'S NAME (Type) DR. W. A.	VAN ORMER	22d. ADDRESS CUMBE	RLAND, MD.	
23	30. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR C	REMATORY	23d. LOCATION (City or Town)) (County) (State)
0	REMOVAL (Specify) Burial 5/13/67	Hillcrest B	mial Park	Cumberland	Allegany Maryla
9 -	24. FUNERAL DIRECTOR	ADDRESS	2So. REC'I	BY REGISTRAR 25b. REGIS	TRAR'S SIGNATURE Questo
	H. Lee Silcox Cumbe	mland Manuland 21	SO2 DATE	1AY 15 196/ /	maries judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages J-and-2 shauld be filed with the State Dept. of Health priar to burial, cremation, ar remaval, and in any event, within 72 hours affer activity. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 25M 1/67

THE TANK THE STANFALL SANG 1 MEGIORIAL MOSPITAL IN THE WITADIO TIS 18 1 3 8 1 - 21 - 1 E FE E A . 8 . 1 . 1961/912 . 3. 4. modernitude . M. All Co. S. C. Springer WELLEY HE SERVERY THE PROPERTY OF THE PROPERTY O THE DESCRIPTION OF THE PROPERTY AND THE REST AND THE The first of the state of the s Siris bully and are the control of

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06007 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY O. STATE MARYLAND b. COUNTY ALIEGANY ALLEGANY MARYLAND b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Write RURAL and DIPS TORE TANN D 1 MO. CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARMA 212 CECELIA STREET MEMORIAL HOSPITAL 3. NAME OF First Middle 4 DATE Last Month Day Year DECEASED CAMPBEL (Type or print) JAMES DEATH MAY S. SEX AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Months Haurs 1-9-1909 WHITE WIDOWED DIVORCED MALE 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of warking life, even if retired) NE COUNTRY?USA INDUSTRY NORTH CAROLINA NONE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME PHILLIP CAMPBELL SIPPLE MOBLEY 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknown) (If yes give wor or dates of service MEMORIAL HOSPITAL. CUMBERLAND. MD. NONE 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gove rise to immediate couse (a). DUE TO stating the underlying cause PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS' PERFORMED? NO YES 20g. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) (County) (State) Haur a.m. factory, street, affice bldg., etc.) 21. I certify that (1) (this haspital) attended the deceased from Mar 15, 1967, to may 18 19 6 7 and that death accurred at 5:300 from causes and on the date stoted above. saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED DIRECTOR . 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) VIRGINIA AVE. CUMBERLAND MD. 23a. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) MAY 20, 1967 SUNSET MEMORIAL PARK CUMBERLAND, MD.

ADDRESS

CUMBERLAND, MD.

DATE

ofter that the death certificate be executed within 24 hours within 72 removol 0 signed by the buriol-tronsit O HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospital or attending the 05 certificote Por FUNERAL 9 VR A15 (4)

24. FUNERAL DIRECTOR

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06008-CERTIFICATE OF DEATH

05998

)	C	PLACE OF DEATH o. COUNTY Allegany MARYLAND					2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. STATE Maryland b. COUNTY Allegany				
	-	the DUDAL and all and a second			4/1/19		c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest to Cumbe rland				t tawn)
1			County I				d. STREET ADDRESS Rt#	#4, Box	9		e. IS RESIDENCE ON A FARM? YES NO K
		NAME OF DECEASED Type or print)	First Geor	ge	Middle Thoma		Carder	4. DATE OF DEATH	Manth May	29,	19 67
	S. S		6. COLOR OR RACE White	MARRIED WIDOWED	NEVER MARRIE DIVORCE		DATE OF BIRTH 10/20/1871	4 9. AG		Months Doys	Hours Min.
	10a. USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired) Retired: W/Md. R.R Yard man				11. BIRTHPLACE (County & State, ar foreign country) 12. CITIZEN OF WHAT 13. COUNTRY? A.						
							14. MOTHER'S MAIDEN NAME Jano Twigg				
n	1S. (Ye:	WAS DECEASED EVER s, no, or unknown) (no	IN U.S. ARMED FORCES? If yes give war ar dates of s	ervice	SOCIAL SECURITY NO. 2-24-0949	17. I A1:	NFORMANT P.O. I	Box 599 unty In			and, Md.
		18. CAUSE OF DEAPART 1. DEATH 4200 Conditions, if any, rise to immediate stating the under last.	cause (a),	al	(a), (b), and (s).) outie ASH.	ny aus	rensia Leysu M. Auge	Jusu III	flicia Dunis		ERVAL BETWEEN SET AND DEATH OUT THE
2	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) PERFORMED? YES NO									
	L CERTIFICATION	OR CONTRIBUTING [CCIDENT WAS UNDERLYING NTRIBUTING CAUSE OF DEATH HER, NOTIFY MEDICAL EXAMINER)				Enter nature of injury in	Part I ar Part II a	f item 18.)		
	MEDICAL	20c. TIME OF INJUI Hour a.m p.m	10	20d. IN While ot wark			E OF INJURY (Home, formary, street, affice bldg., etc.		y ar town)	(County)	(State)
		21. I certify that (I) (this haspital) attended the deceased from 4/1/66, 19, ta 5/29/67, 19, that (I) (we) last saw the deceased olive an 5/29/67 19, and that death occurred of M, from couses and an the date stated above.									
		220. SIGNATURE John a Louter M.D. ATTENDING MED. DIRECTOR X STAFF XIX 5/3//1967									
1		22c. PHYSICIAN'S NAME (Type) JOHN A TEPHER MID MEMORIAL Boyn - Cumberland Mo									
	230.	BURIAL, CREMATION REMOVAL (Specify) BUTIAL	May 31	/	23c. NAME OF CEA				ON (City or Town	(County	, , ,
1	24.	James F.		, Cum	ADDRESS iberland,	Md.	2So. REC'	D BY REGISTRAR		STRAR'S SIGNATU	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remayer carban papers. Pages 1 and shauld be filed with the State Dept. at Health prior to burial, crematian, ar remayal, and in any exemptivity. Within 72 hours after death Page 4 may be retained by the haspital ar attending physician.

VR A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 06003 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Maryland Allegany Allegany P.M.3. Page at defath. MARYLAND delay ent c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest tawn) offer Route 1. Oldtown Road 9 mos. Route 1.01dtown Road d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? e State De 72 haurs Item 18. Give Pages 1, Office alang with farm Bear Hill Road Bear Hill Road YES NO TO 24 haurs after death. Middle Lost 4 DATE Month 3. NAME OF First Year OF the 5 DECEASED 67 16 Christensen May Soren DEATH within (Type or print) with t NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED Lost birthdoy) Months Dovs Hours Sept. 5, 1889 Male White WIDOWED DIVORCED event and 2 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 10o. USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired) INDUSTRY Standard Oil Co. Denmark USA any Retired 4 shauld be farwarded to the Chief Medical Examiner's pages pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate shauld be executed within _= Unknown Unknown File and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no. or unknown) (If yes give wor or dates of service) 'pending" ar remaval, Mrs. Ann B. Bishop, Route 1, Oldtown, Md. no INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY: Coronary Occlusion IMMEDIATE CAUSE (o) writing the ward crematian, DUF TO Sclerosis Coronary Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse 0 gp burial, 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) MEDICAL CERTIFICATION NO XXX please execute the certificate, pe p 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part II af item 18.) agent, prior PRIMARY ☐ or CONTRIBUTING ☐ AL EXAMINER: CAUSE OF DEATH. (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Doy, Yeor TO FUNERAL DIRECTOR: Page 3 Health ar its designated agen foctory, street, office bldg., etc.) Not While at work ot work the funeral director. Page Inquiry X 21. I certify that I took charge of the remains described above, held on Autopsy Inspection X, ond in my opinion Natural causes X Accident . Suicide . Homicide Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER [May 16, 1967 22. DATE SIGNED ACTUAL SIGNATURE A O DEPUTY DEPUTY MEDICAL EXAMINER necessary, EXAMINER'S NAME (Type) Address (Street, city, town, or county) Rt.9 Cumberland Md. Benedict Skitardic, M. D. 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF (County)

VR A15ME (5)

24. FUNERAL DIRECTOR **ADDRESS** James F. Scarpelli, Cumberland, Md. 6M 1/66

May 18,1967

23o. BURIAL, CREMATION.

BEMOVAL (Specify)

2So. REC'D BY REGISTRAR

Davis Memorial Cemetery

mlinde Outer

Cumberland, Md. Allegany

2Sb. REGISTRAR'S SIGNATURE

0.00

towar

Maria Andrew Andrews Andrews

nedict Wederles

remove in ony removol, Then permit. 0 cremation, signed by the burial-tronsit burial, hos been 00 Heolth

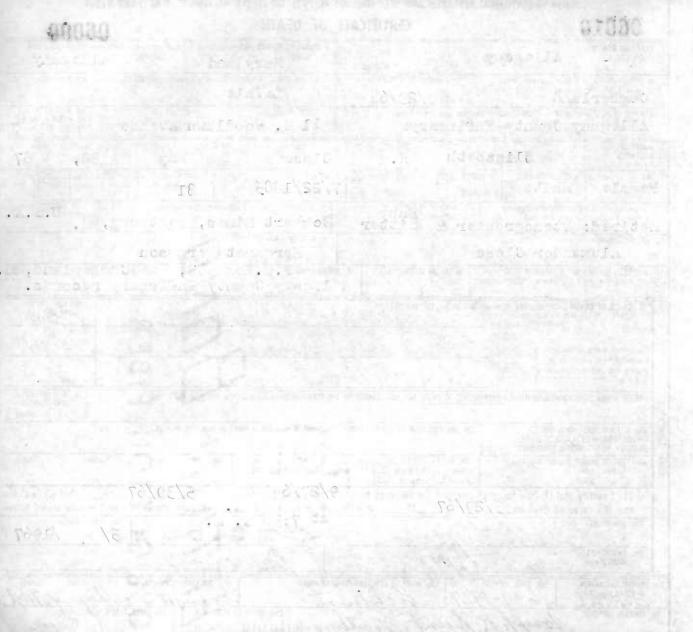
executed within 24 hours after deoth

requires that the death certificate be

ottending TO FUNERAL DIRECTOR: After this certificate the hospitol be retained director, page 3 should be filed v

VR A15 (4) 20 M 1/66

06010 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH Allegany o. COUNTY b. COUNTY Allegany Marvland MARYLAND b. CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) TaVale 9/29/64 d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 11 N. Woodlawn Avenue Allegany County Infirmary YES NO X 3. NAME OF 4 DATE Middle Last Year DECEASED Elizabeth OF DEATH R. Close May 30. 67 (Type or print) S SEX 9. AGE (In years 1F UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED birthdoy) Dovs Hours Female White DIVORCED WIDOWED 10b. KIND OF BUSINESS OR INDUSTRY Baby 12. CITIZEN OF WHAT S 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired)
Retired: Stenographer Eckhart Mines. Frostburg. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alexander Close Margaret Ferguson 17. INFORMANT P.O. Box 599, Address Cumberland, Md. IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service Allegany County Infirmary records. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o) DUE TO stating the underlying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. Not While of work ot work 21. I certify that (I) (this hospital) attended the deceased fram. __, that (I) (we) last 29 saw the deceased alive an_ 67 M. fram couses and an the date stated above. and that deoth occurred at ... 220. SIGNATURE DATE SIGNED 22b. 1967 DIRECTOR I PHYS PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23o. BURIAL CREMATION NAME OF CEMETERY OR CREMATORY 23d_LOCATION (City or Town) (County) (Stote) REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb.



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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06011 FOR STA "be executed within 24 hours after death. If any delay is "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to P.M.3. Page **O FUNERAL DIRECTOR:** Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death Office olong with form TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06001

o. COUNTY		o. STATE	e deceased lived, it institution: Kesii	dence before admission)						
Allegany	MARYLAND	Penns	vania ". COUNTY							
b. CITY OR TOWN (If autside corporate limits,	c. LENGTH OF-STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)								
write RURAL and give nearest town) Cumberland	DOA	Erie	Penna.	75.3						
d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital	, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?						
Memorial Hospit	al	2130 E. 421	nd. Street	YES NO						
3. NAME OF First DECEASED	, Middle		DATE Month	Doy Year						
(Type or print)	e Cof	fman	DEATH May 2	1967						
S. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UND last birthday) Months	ER I YEAR IF UNDER 24 HRS Hours Min.						
Female White WIDOWE	DIVORCED	Nov.18,1894	72 yrs.	Days Hours with.						
	KIND OF BUSINESS OR INDUSTRY	Penna Benna	reign cauntry) 12.	CITIZEN OF WHAT						
David Hunter	^	Mary	Pamser Adams Cu							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes give war ar dates at service)	S. SOCIAL SECURITY NO. 17.	INFORMANT	Address	11.0						
No	your 11,	1. Edward	Adams (i	mb. M.X.						
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	or (a), (b), and (c).) Coronary	Occlusion		SUDGER AND DEATH						
14201 DUE TO										
Canditions, if any, which gove) (b)										
rise to immediate cause (a), Stoting the underlying couse										
last. (c)										
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION	ON GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO XX						
PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part	or Part II af item 18.)							
Hour o.m. Whi		CE OF INJURY (Hame, farm, tory, street, office bldg., etc.)	20f. (City ar town) (Caunty) (State)						
21. I certify that I taak charge of the remains described above, held an Autapsy, Inspection X, Inquiry X, and in my apinian										
death resulted from: Natural causes 🔀 , Accident 🗌 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner										
ACTUAL CHIEF MEDICAL EXAMINER										
ACTUAL SIGNATURE SIGNATURE SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED										
EXAMINER'S Demodiat Shrit	omelie W D	DEPUTY MEDICAL EX		, 1967						
The state of the s	arelic, M.D	(0.100)	town, or county) Cumber							
Bremoval (Sporty) 23b. Date Therefor 5/5/67	23c. HAME OF CEMETERY OR	CREMATORY Cem.	23d. LOCATION (City or Town)	(County) (State)						
24. ELINERAL DIRECTOR	ADDRESS In	2So. REC'D BY	A A A MAN A A A A A A A A A A A A A A A							
games seen suc.	uml- 11/0	MAY 4	1967 Julian	and and						

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5 may be retained for your files.

necessory, please execute the certificate, writing the word

40000 Taken and a first of the second secon State of the second sec St. Carlotte St. C THE RELEASE OF Carlotte at a second of the se - Senter of Sections -. I. se . bally est May dely man A CHARLES I de All many the second of the second State of the State

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0601	2		CERTIFI	CATE	OF DE	ATH		1950		0	500	2
PLACE OF DEATH G. COUNTY	ALIEGANY		MARYL	LAND	2. USUAL RE o. STATE	MARY		eased lived, i	f institution b. COUNTY	/	befare adm EGANY	
write RURAL	l (If outside corporate limits and give negrest town) ROSTBURG		c. LENGTH OF STAY IN 6 DAYS	l 1b		FROS		orate limits, v G	write RURA	L and give no	01,	/
	PITAL OR INSTITUTION (If no		ive street address)		d. STREET AD						ON	RESIDENCE A FARM?
3. NAME OF	INERS HOSPITA		Middle		Last	242	LOWE 4. DAT	R CONS	Month.	ATION	YES [Year
DECEASED (Type or print)	MILLIE		F.		SCROVE		OF DEA	TH N	AY	IF UNDER 1 YE	Doy	19 67 IDER 24 HRS.
S. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		PRIL 2		00	9. AGE (In last birt 67	hday) yrs.		ays Hou	
100. USUAL OCCUPAT during most of worki HOUSE W	ON (Give kind af work done no life, even if retired)		ND OF BUSINESS OR CUSTRY HOME		11. BIRTHPLA	,	& Stote, o	foreign caunt	ry)	COUN	N OF WHATRY?	T
13. FATHER'S NAME					14. MOTHER	S MAIDEN N	NAME				F	
	AMIN FILER	1	COCIAL SECURITY NO	1 17 1		ACHEL	FOL	K	A 115			
(Yes, na, or unknow	EVER IN U.S. ARMED FORCES? (If yes give war ar dates o	f service)	OCIAL SECURITY NO. -01-3683-A		NFORMANT				Address			
PART I. D	inte couse (a)	(a) TO		of	the	Ute	we	-F	Blir	2	INTERVAL ONSET AN	
stating the un last.	derlying cause	(c)										
PART II. OTHER	SIGNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT RELA	ATED TO T	HE TERMINAL E	DISEASE CON	IDITION G	IVEN IN PART	1(a)		19. WAS PERFO	AUTOPSY ORMED? NO
OR CONTRIBUTI	WAS UNDERLYING MG CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OC	CURRED. (Enter nature o	f injury in I	Part 1 ar	Part II af iten	n 1B.)			
20c. TIME OF I	NJURY Manth, Day, Year a.m. p.m. 19	20d. IN While at wark	Nat White		E OF INJURY (ary, street, affice			. (City ar	tawn)	(Caunty	()	(State)
21. I ce sow the	21. I certify that (I) (this haspitol) attended the deceased fram SEPT, 1966, to 5/3, 1967 that (I) (we) lass sow the deceased olive on 1967, and that deoth occurred at 8.45 M, from couses and on the date stated above											
22a. SIGNATU	220. SIGNATURE THE STAFF OF STAFF 22b. DATE SIGNED PHYS. MED. STAFF 5/4/67								7			
22c. PHYSICIA NAME (Ty		ROTHST	EIN, M. D.		22d. AD		DWAY	, FROS	TBUR	G. MD.		
230. BURIAL, CREMA REMOVAL (Spec			FBG. MEMO					LOCATION (COSTBUR			ounty)	(Stote)
24. FUNERAL DIRE			ADDRESS			2So. REC'E				STRAR'S SIGN		8 1
JOSEPH F	DURST, FRO	OSTBURG	MD.			DAMAY	8	1967	yce	carles	Judy	R

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the Luberal director, page 3 shauld be detached far use as the burial-transit permit. Then please remove (carpar popers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar to burial, crematian, or remaval, and in any event, within 72 haurs after death.

VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the haspital ar attending physician.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the foreign director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye corban papers. Pages 4 and 2 shauld be filed with the State Dept. at Health prior to burial, crematian, ar remayal, and in any evert within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

Page-4 may be retained by the haspital ar attending physician.

VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

06013	CERTIFICATE	OF DEATH	7455								
1. PLACE OF DEATH o. COUNTY Allegany	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: a. STATE Maryland b. COUNTY									
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland	1. LENGTH OF STAY IN 16 14/11/1967	c. CITY OR TOWN (If autside carparate limits, write RURAL Cumberland	01.1								
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, g Allegany County Infi:		d. STREET ADDRESS 420 Holland Street	e. IS RESIDENCE ON A FARM? YES NO								
3. NAME OF First DECEASED (Type or print) Thomas		Cumiskey 4. DATE Month OF DEATH May	Day Year 5 19 67								
S. SEX Male 6. COLOR OR RACE Widowed 7. MARRIED Widowed	NEVER MARRIED 1	/10/1884 83 birthday) yrs.	FUNDER 1 YEAR IF UNDER 24 HRS Nonths Days Hours Min.								
	ND OF BUSINESS OR DUSTRY OMPany	11. BIRTHPLACE (County & State, or foreign country) West Virginia	12. CITIZEN OF WHAT COUNTRY?								
13. FATHER'S NAME William Cumis	k•y	14. Mother's Maiden Name Mary Rhodes Cumiskey	2 3/ 2								
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknown) (If yes give war ar dates af service)	SOCIAL SECURITY NO. 17. I	NFORMANT P.O. BOX 599, Cumber 1. 11egany County Infirms	rrand, Mary Lar								
1B. CAUSE OF DEATH (Enter only one cause per line far PART I. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (a)	(o), (b), and (c).)	al mant livious	INTERVAL BETWEEN ONSET AND DEATH								
Canditians, if any, which gave rise to immediate couse (o), stoting the underlying cause last.	Ele patro	Appreter Suntation:	Jepan son								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTION CAUSE OF CONTRIBUT											
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Haur a.m. 20d. INJURY OCCURRED While Nat While factory, street, affice bldg., etc.) (County) (State)											
p.m. '' at wark 🗀 at wark 🗀											
saw the deceased alive an May 5											
22a. SIGNATURE ALL ATTENDING MED. STAFF 22b. DATE SIGNED PHYS. DIRECTOR PHYS. 22b. DATE SIGNED											
22c. PHYSICIAN'S NAME (Type) John A. Topper Was ' 22d. ADDRESS Hyndman, Pa.											
230. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF SEMETERY OR	REMAJORY (am. 23d. LOCATION (City or Jown)	(State)								
24. FUNERAN DIRECTOR Stein June	Cunta M		TRAR'S SIGNATURE								

06018-the broken in the lines of the at the along a religion of the same of Vandor to the midden of the entry The Property of the Committee of the Com The County Count 19-16- 11-52 11-65

rector. Fastries. State B pages | within PM3 it. File permit. Office along v burial-transit p noval, and in Office removal n 98 0 pesn cremation, writing the word were Chief Medical Ex Page 3 should be a to burial, cremating the Cm. designated agent,

FOR STATE HEALTH DEP should be forwarded to the FUNERAL DIRECTOR: DEPUTY

VS. A15ME 5M 9/60

40 9

ARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmissign) a. COUNTY b. COUNTY Allegany W. Va. MARYLAND Hampshire b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give naerast town) Cumberland 1 Hour Augusta d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give straet address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Memorial Hospital YES NO 3. NAME OF Middla Last 4. DATE Month Day DECEASED OF (Typa or print) DEATH Blake James Davis May 19 67 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Male WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Laborer West Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frank Davis Corbin 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yas give wer or dates of service) Mrs Frank Augusta. 1/051 18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), end (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH Shock Hours IMMEDIATE CAUSE (a) DUE TO Extensive Body Burns Hours Conditions, if eny, which (b) gave rise to immediate causa DUE TO (a), stating the undarlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO No 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Entar neture of injury in Part I or Part II of itam 18.) PRIMARY or CONTRIBUTING CAUSE OF DEATH. truck which overturned and caught fire 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Homa, farm, ! 20f. (City or town) (County) Not While factory, street, office bldg., etc.) Junction Rt. 50 & 220 Near Keyser. at work X at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X. Inquiry X. and in my opinion death resulted from: Natural causes Undetermined manner Accident Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER X May 4 EXAMINER'S SKITARELIC, M.D. NAME (Type) Address (Street, city, town, or county) Cumberland. Md. 22a, BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Spacify) Buria Tearcoat Cemetery Augusta. Hampshire 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Augusta

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06015

CERTIFICATE OF DEATH

-	0.0020				HSHIIA						
	PLACE OF DEATH		CTATE	here deceased lived, if institutio	n: Residence befare admission)						
	a. COUNTY ALLEGANY	MARYLAND	a. STATE -MAR	YLAND b. COUNT	ALLEGANY						
	b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outs	side corporote limits, write RURA							
	write RURAL and give nearest tawn) CUMBERLAND	4 DAYS		REFIELD, W.							
	d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, g	ive street address)	d. STREET ADDRESS e. IS RESIDENCE								
2	MEMORIAL HOSPITA	iL	311 ELM STREET ON A FARM? YES NO								
3.	NAME OF First OECEASED	Middle	Last	4. DATE Month	Day Year						
	(Type or print) MARIUN	н.	DEAHL	OF DEATH MA	AY 14, 19 67						
S.	MALE 6. COLOR OR RACE 7. MARRIEO WIDOWED		12-10-190		Months Ooys Hours Min.						
10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT											
dur	ing RETURED School Teacher N	Education Education	DAVIS.	W. VA.	COUNTRY? USA						
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA		30%						
L	CALVIN J. DEAHL	SUB DIOLE	SARAH H	UFFMAN							
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. 5	SOCIAL SECURITY NO. 17. II	NFORMANT	Address	S .						
(Yes, na, or unknown) (If yes give war or dates af service) MEMORIAL HOSPITAL, CUMBERLAND, MEMORIAL HOSPITAL, MEMORIAL HOSPITAL											
	18. CAUSE OF OEATH (Enter only one cause per line for			/	INTERVAL BETWEEN						
	PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Circle	ral Hamond	ego will L.	Complezio,	Elegie ONSET AND DEATH 7						
	ADD OUE TO Q				0 4 44 4						
	Canditians, if any, which gave (b)	to arreny s	monfolion	ly	2 mondy						
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b) Dusalon artery unaffloring 2 months to DUE TO (c) A. S. Cordnovinsella cluseose with them. A. S. ?										
	lost. (1) 1.). Cordrovinesh disease with then, d.).										
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)										
ATIC	macrolytic a	nomia	5 ge	n	PERFORMED? YES NO						
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED. (Enter noture af injury in Po	ort I ar Part II of item 18.)							
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. IN	JURY OCCURRED 20e. PLAC	E OF INJURY (Hame, farm,	20f. (City or town)	(County) (State)						
MED	Haur a.m. While at wark		ry, street, affice bldg., etc.)								
	21. I certify that (1) (this haspital) attend		may 19	62 to 14 ma	3 , 1962, that (1) (We) last						
	saw the deceased alive an 13 mm	1967, and that	death occurred at_	3:55M, AamMauses of	nd an the date stated abave.						
	22a. SIGNATURE		ATTENDING		22b. DATE SIGNED						
	Walkied Va	M.D		NEO. STAFF DIRECTOR PHYS.	14 may 6 1						
	22c. PHYSICIAN'S NAME (Type) W A VAN ORI	JC D	22d. ADDRESS								
	NAME (Type) W. CA. VAN ORI	RER	122 50.	CENTRE ST.	CUMBERLAND, MD.						
230	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR C	REMATORY	23d. LOCATION (City or Town	, , , , , ,						
	REMOVAL (Specify) Burial May 17, 1967	Olivet Cemet			West Virginia						
	. FUNERAL DIRECTOR	ADDRESS		BY REGISTRAR 2Sb. REGI	STRAR'S SIGNATURI MAGE						
	Thrush Funeral Home, Moore	efield, West Vi	rginiadate MA	1 2 5 1967	0						

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and should be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death Page 4 may be retained by the haspital ar attending physician.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate

within 24 haurs after death.

VR A15 (4) 25M 1/67

TRADE LA COMMERCIANO OF THE PARTY OF THE PROPERTY OF MANY AND THE PROPERTY OF MANY AND THE PARTY OF THE P 12-10-1901 AV PINAR - . MOLL NO. . . Manufactor T. Lab let 8 11 1 1 1 1 SARAH HURE CAR CALALL BEAR JE KALLAD HOS LIMI, OC BEELAND, OO. The first of the second of the first of the second of the W. A. YAN OFFER THE ST. CHEST AND SON. OF THE ST. CHEST MANN, SON. The distribution of the land o

	06016			CERTI	FICATE	OF DEATH			01	500	15		
1.		LEGANY If outside corporate limits,		MAR LENGTH OF STAY	RYLAND	2. USUAL RESIDENCE (VO. STATE MARY	LAND	b. COU	ALL	EGA	NY	n)	
	write RURAL one	MBERLAND		19 DAY		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FROSTBURG							
		AL OR INSTITUTION (If not i		treet address)		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO X					
3.	NAME OF DECEASED (Type or print)	DURWAR	D	Middle	DEF	Lost FENBAUGH	4. DATE OF DEATH	Mont MA		Doy 7	Yea 19 (
	SEX MALE	6. COLOR OR RACE 7	WIDOWED WIDOWED	NEVER MARRIE		B=19=1903	9	lost birthdoy) 3 yrs.	IF UNDER Months	1 YEAR Doys	IF UNDER Hours		
du	o. USUAL OCCUPATION ring most of working RETIRED	(Give kind of work done	INDUST	F BUSINESS OR RY	CO.	11. BIRTHPLACE (County	& Stote, or fo			TIZEN OF OUNTRY?	WHAT		
13.	. FATHER'S NAME	DEFFENBAUG	Н			14. MOTHER'S MAIDEN I	NAME						
15	e NO OF UNKNOWN)	R IN U.S. ARMED FORCES? (If yes give wor or dotes of s	ervice)	L SECURITY NO01-15'		FORMANT MEMORIAL I	HOSPI	TAL. CI	IMBER	ΙΔΝ	ID. 1	MD.	
	PART I. DEAT // // Conditions, if ony, rise to immediate	e couse (o), (Metas Bronc		arcino	oma bone				INT	ERVAL BETV SET AND D		
ATION	PART II. OTHER SIG	GNIFICANT CONDITIONS CON COLOGICAL fra	TRIBUTING TO DE	ath but not reedk, Le:	ELATED TO THE	HE TERMINAL DISEASE COM	ndition give		ungs		WAS AUTO PERFORMI		
L CERTIFICATION	20o. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH	20b. DESCRIB	E HOW INJURY (OCCURRED. (Enter noture of injury in	Port I or Por	t II of item 18.)					
MEDICAL	20c. TIME OF INJU Hour o.n p.n	10	20d. INJURY While of work	OCCURRED Not While of work		E OF INJURY (Home, form ry, street, office bldg., etc.)		(City or town)	(Co	unty)	(:	Stote)	
	saw the de	y that (I) (this haspiteceased alive an]		the deceased	fram_4 and that	/1/67 , 1 death occurred at		a 5/7/67 1, Mora Mauses	and on t	he date		ve) las above	
	22c. PHYSICIAN'S	Towne go	irba	~	M.D.	ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR	STAFF PHYS.	2	ATE SIGNI			
230	NAME (Type)	DR. S.M.	JACOBS	ON IC. NAME OF CEN	AFTERY OR C	50 PERS		STREET		MBE (County)		(etol	
-0	BURY AL	MAY 10	1967 F	ROSTBU	JRG M	EM. PARK	FR	OSTBURG		MAR	YLAN		
M	ARTEOUR A	SOWERS I				ERAL HOWEY	1 1		GISTRAR'S S		edge.		

HAFER-SOWERS FUNERAL W.MAIN, FROSTBURG

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physicion ond completely filled in by the funeral director, page 3 should be detached for use as the burial-tronsit permit. Then please remove carbon gapers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removol, and in any event, within, 72 hours offer deoth. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter Page 4 moy be retained by the hospital or attending physicion.

Pages 1 and 2

VR A15 (4) 25M 1/67

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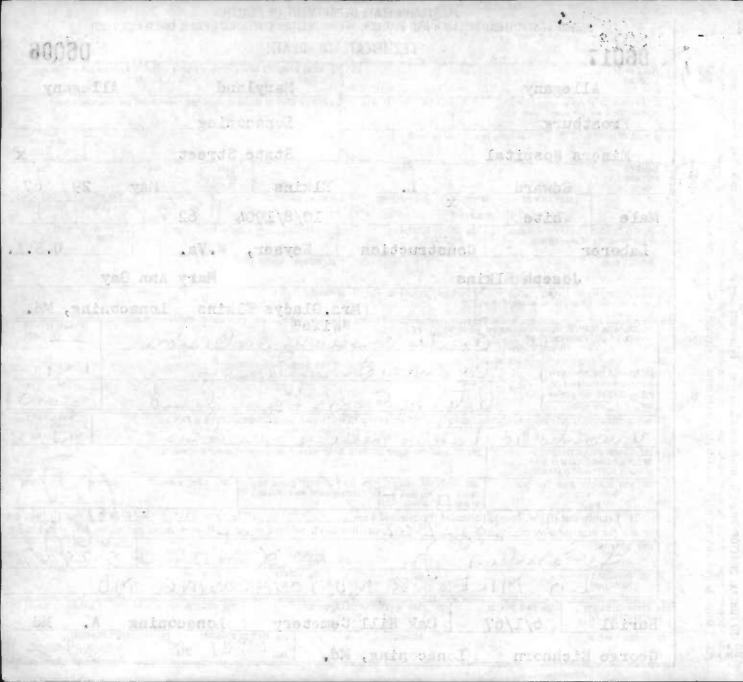
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission a. COUNTY b. COUNTY Allegany Maryland Allegany MARYLAND b. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b Frostburg Lonaconing d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS YES NO Miners Hospital State Street NAME OF Middle 4. DATE Year DECEASED Elkins (Type or print) Edward DEATH May SEX AGE (In years F UNDER F UNDER 24 HRS 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 62 yrs. Manths Days Haurs Male White WIDOWED DIVORCED 10/8/1904 10a, USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT KIND OF BUSINESS OR during mast af warking life, even if retired) INDUSTRY W. Va. Construction Keyser Laborer 13. FATHER'S NAME Joseph Elkins Mary Ann Gay 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ar unknown) (If yes give war ar dates af service Mrs. Gladys Elkins Lonaconing, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a DUE TO Canditians, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (City ar tawn) (County) (State) factory, street, affice bldg., etc.) Hour a.m. at wark at wark 19 60 to May 21. 1 certify that (1) (this haspital) attended the deceased fram 9 196 7, and that death occurred at 2 DM, fram course and an the date stated above saw the deceased alive on way 22b. DATE SIGNED STAFF PHYS. ATTENDING DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) (State) 6/1/67 Oak Hill Cemetery Md Lonaconing 24. FUNERAL DIRECTOR REGISTRAR George Eichhorn Lonaconing, Md.

PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death by the funeral Pages, 1 and papers. Pages thin 72 hours offe completely filled in carban 考 event, remave and in any burial, crematian, or remaval, attending physpermit. Then p permit. signed by the a burial-transit pe **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires thut Page 4 may be retained by the hospital ar attending physician. the TO FUNERAL DIRECTOR: After this certificate has been OS detached director, page 3 shauld shauld be filed with the

death.

VR A15 (4) 20 M 1/66



MAKILANU SIAIE DEPAKIMENI	OF REALIT
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET,	BALTIMORE, MARYLAND 2120

	06012			CERT	IFICATE	OF DEATH				060	07		
		EGANY		M	ARYLAND	2. USUAL RESIDENCE (V	Where decease	ed lived, if institu b. COU	INIY _	end en		/	
	b. CITY OR TOWN (I	f outside corporate limit	s,	c. LENGTH OF STA	AY IN 1b	c. CITY OR TOWN (If au	tside carparat	e limits, write RI	JRAL and gi	ve nearest	tawn)		
	Write KUKAL do	BERLAND	WHITE	3 DA	YS	HYNDMAN	V, PA			75	75.3		
		ALOR INSTITUTION (IF NO MORIAL HO				d. STREET ADDRESS RD#1 e. IS RES							
3.	NAME OF DECEASED (Type or print)	CL	ÄRENCE	Middle B		EMERICK	4. DATE OF DEATH	Mar	AY	28	Ye	67	
	MALE .	6. COLOR OR RACE WHITE	7. MARRIED WIDOWED	NEVER MAR		9-14-77	9.	AGE (In yeors last eighthday)	IF UNDER Manths	Days	Haurs	Min.	
10c	. USUAL OCCUPATION	(Give kind of work done ife, even if retired)		ID OF BUSINESS OF BUSTRY	R	11. BIRTHPLACE (County HYNDMA				ITIZEN OF OUNTRY?		S.A.	
13.	JOHN L	. EMERIC	K			14. MOTHER'S MAIDEN I		BONELL					
15. (Ye	. WAS DECEASED EVE es, na, or un (own)	R IN U.S. ARMED FORCES? (If yes give war ar dates o		OCIAL SECURITY NO 13-40-28		NFORMANT EMORIAL HO	OSPITA	AL CU	ress MBERL	AND	, M	D.	
		e cause (a), ((o) TO (b)	a), (b), and (c).) A certe C	lized	anteriore	1 Fac	Huse		ONS	RVAL BET	OEATH P	
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Chrewel Bullioner Language Condition (a) 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBED HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.)									19. WAS AUTOPSY PERFORMED? YES NO			
		CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Day, Year		JURY OCCURRED		E OF INJURY (Hame, farm		(City or tawn)	100	gunty)		(State)	
MEDICAL	Haur a.n	1. 19	While at wark	Nat While		ory, street, affice bldg., etc.)			<u> </u>				
	21. I certif	y that (I) (this has ceased alive an	pital) attend	ed the decease	ed fram _, and that	death accurred at	35A M	fram causes	28 , 19, and an	67, the	at (I) (e stated	we) last d abave	
	220. SIGNATURE M.O. PHYS. MEO. STAFF PHYS. 22b. OATE SIGNED. 5 / 2 9/67												
	22c. PHYSICIAN'S NAME (Type)	DR. W.	P. IA	MES		CUMBE F	RLAND	, MD.					
	BURIAL, CREMATIC	May 31	EREOF 1, 1967	23c. NAME OF C		ry	Hynd	ATION (City or T	nerset		,Pa.	RD#	
2	LEWELL DIRECTO	1. Feigles	Ну	ADORESS Andman, 1	Pennsy:	250. REC'E	BY REGISTRA	967 25b. R	EGISTRAR'S	SIGNATUR	de	,	

TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur director, page 3 shauld be detached far use as the burial-transit permit. Then please remave corban papers. Pages I should be filed with the State Dept. af Health priar ta burial, crematian, ar removal, and in any exent) within 72 hours after

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH
a. COUNTY USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY Pages 1 a a. STATE b. CITY OR TOWN (if outside corporate limits, MARYLAND MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b papers. Page write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) .5 d. STREET ADDRESS filled HOSPITAL PRINCE GEORGE completely ive carbon p executed within with NAME OF DECEASED DATE 3. First Middle Last event, **JOHN** FOLEY DEATH (Type or print) J. MAY DATE OF BIRTH SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED any and WIDOWED MALE DIVORCED 07-27-92 = 10a. USUAL OCCUPATION (Give kind of work done | 1Db. KIND OF BUSINESS OR ician ase during most of working life, even if retired) INDUSTRY and PLANT SUPERVISER CELANESE WESTERNPORT, MD. ALLEGANY 13. FATHER'S NAME MOTHER'S MAIDEN NAME attending a Folev WILLIAM ELLEN (HOBAN) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT ed by the attenctransit permit. 17. (Yes, no, or unkown) (If yes give war or dates of service) 217-10-4980 PATIENTS HOSP RECORD 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), 1 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). MYOCARDIAL FAILURE DUE TO ARTERIOSCLEROTIC HEART DISEASE

e. IS RESIDENCE ON A FARM? YES NO V Year Month 19 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) Address SHH INTERVAL BETWEEN ONSET AND DEATH 20 YRS. Cenditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the PULMONARY EMBOLISM-BRONCHITIS-EMPHYSEMA DAYS underlying cause last. NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICAT PERFORATED DUODENAL ULCER WITH PERTONITIS NO TO YES 20a. ACCIOENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) NONE (State) MEDICAL 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While While at work at work p.m. 6 21. I certify that (I) (this hospital) attended the deceased from OMAYrom the causes and on the date stated above. and that death occurred at2 saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE 5-15-67 MED. STAFF DIRECTOR PHYS. PHYS. ADDRESS PHYSICIAN'S NAME (Type) HALLINAN 140 BEDFORD STREET 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) May 16. Cemetery Cumberland, Md. Allegany St. Mary's 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR James F. Scarpelli, Cumberland, Md. Charley

been signed by the burial-transi or attending physiciar the r r this certificate has bee detached for use as the te Dept, of Health prior to hospital Fage 4 may be retained.

TO FUNERAL DIRECTOR: After the director, page 3 should be de director. 2

death.

after

hours

The Certificate

VR A15 (4) 20M 1/65

O HOSPITAL

ILLESHIY CUTERLAND CUTERLAND SACRED HEART MASPITAL JOHN J. FOLEY JOHN J. FOLEY LE WHITE X 07-27-92 75 ALT SUPERVISER CELMESE STREET X LELE WHITE X 07-27-92 75 LELE WHITE X 07-27-92 75 LELE WHITE WAS CELMESE WESTERNPORT, ID. ALLESMY U.S.M. LELE WHITE WAS CELMESE ELLESMY U.S.M.	
SIGRED HENRY MOSPITAL JOHN J. FOLEY MAY 14 27 LE WHITE X 07+27-32 75 ANT SUPERVISER CELMESE STREET X 75 MAY U.S.A.	
JOHN J. FOLEY MAY 14 47 LE WHITE X 07-27-32 75 ANT SUPERVISER CELMESE WESTERNPORT, NO. ALLESANY U.S.A.	
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ANT SUPERVISER CFLMESE VESTERMEDRY, NU. ALLESANY U.S.A.	
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WILLIAM ELECT (HODAS)	C
1.0 217-13-4080 PATIENTS HOSP RECORD SHH	
2 Mr. CATALINE	
ARTERIOSCI EROTUS HEART DISEASE 20 VILL	
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CR. HALLIMA: 140 BECFOND STOSET, CUMBERLAND, NO.	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please rembye transport papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CEDTIFICATE OF DEATH

IISIIZII GERTIFIOA	ALE OF DEATH
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
a. COUNTY	a. STATE b. COUNTY
D. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN	
D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
CUMBERLAND, MD. 13 DAYS	FROSTBURG. 01.1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street addre	d. STREET ADDRESS 95 BRADDOCK STREET ON A FARM?
SACRED HEART HSOPITAL	
3. NAME OF First Middle	Last 4. DATE Month Day Year
DECEASED	OF
5. SEX 6. COLOR OR RACE 7. MARRIED TO MARRIED TO	FULLER DEATH MAY 6 19 67
5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS last birthday) Months Days Hours Min.
FEMALE WHITE WIDOWED DIVORCED	2-9-1894 73 yrs.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY HOUSEWIFE	COUNTRY?
13. FATHER'S NAME	LAUREL DALE, W.VA. U.S.A.
WILLIAM H. WALLBOTT	SYNTHY (BURGESS) WALLBOTT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 (Yes, no, or unknown) (If yes give war or dates of service)	17. INFORMANT Address
NO 217-05-7655	HOSP, RECORD SACRED HEART HOSPITAL
[18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Marsone Co	vonang oreles
IMMEDIATE GAUSE (a)	vonang orderen muntes
420/ DUE TO 0	stii C. V. D. Years
Conditions, If any, which gave rise to Immediate	Teans
cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOTR	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
5 Surgery may 1.1962 - Choleyste	ections of umbilise harma repair YES NO 1
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY O	OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R Surgey May 1,1967 - Cholonyste 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ACCORNED. (Enter nature of injury in Part 1 of Part 11 of Item 16.)
21	PLACE OF INJURY (Home, farm, actory, street, office bldg., etc.) (City or town) (County) (State)
Hour a.m. p.m. 19 at work at work	actory, attest, office blog., etc.,
21. I certify that (I) (this hospital) attended the deceased from	4/23 1967 to 5/6 1967 that (1) (we) last
saw the deceased alive on 1967, and the same same same same same same same sam	that death occurred at 6 AM, from the causes and on the date stated above 22b. DATE SIGNED
da. Signature	M.D. ATTENDING MED. STAFF STAFF STAFF
	M.D. FITTS. DIRECTOR FITTS.
22c. PHYSICIAN'S NAME (Type)	22d. ADDŘESS
DR. T. LEWIS	500 GREEN ST. CUMBERLAND MD
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMET	TERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
BURIAL (Specify) MAY 8 167 FBG. MEMORE	IAL PARK FROSTRIDO MO
24. FUNERAL DIRECTOR ADDRESS	IAL PARK FROSTBURG MD 25a. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
JOSEPH R. DURST, SR., FROSTBURG,	and INVALUATION TO THE TOTAL PROPERTY OF THE P
TRUSTBURG,	MD. BATE I 1001 Kenney Judge

VR AI5 (4) 20M 1/65

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SYNTHY (BURGESS) WALL STE

217-0-7-33 HOSP, KECHO SACKED HEIRT HOSPITAL

DR. T. LEMS 500 GREEN ST. CUMBERLAND, NO.

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MARYLAND STATE DEPARTMENT OF HEALTH

		1000	DIVISION	OF VITAL	L RECORDS,	301 W. PRESTO	N STREET, BALTIN	ORE, MA	RYLAND 21	201		
		06021				CERTIFICATE	OF DEATH				06	010
		COUNTY					2. USUAL RESIDENCE	(Where dec	eosed lived, if in		dence befor	e odmission)
		ALI	EGANY			MARYLAND	o. STATE MARY	LAND	D.		LLEG	
	b	CITY OR TOWN (If outside corporate lingive nearest tawn)	nits,	c. LENGTH	OF STAY IN 16	C. CITT OK TOWN (IT	outside corpi	prote limits, wri	te RURAL ond	give neores	it town)
		CUN	MBERLAND			AY 9 HR		ERLA	ND		01	/ DECIDENCE
50	d		AL OR INSTITUTION (IF			ddress)	d. STREET ADDRESS			MENUIC		e. IS RESIDENCE ON A FARM?
00	2 4	ME N	MORIAL HO			44 - 131	1	VIRG		VENUE	1	YES NO
	D	ECEASED	10	First		Middle	FULTON	4. DATI		Month	Doy	Year 1967
1.	S. S	ype or print)	6. COLOR OR RACE	7. MARRII	ED NEVI	ER MARRIED	B. DATE OF BIRTH	DEA	9. AGE (In year	ors IF UND	ER 1 YEAR	IF UNDER 24 HR
1		MALE	WHITE	WIDOWI		DIVORCED	3-30-1882		lost Sirthdo	Month:	s Doys	Hours Min
	10o.	JSUAL OCCUPATION	(Give kind of work dor	ne 1Db	. KIND OF BUSI	NESS OR	11. BIRTHPLACE (Count	y & Stote, or		12.	CITIZEN OF	
	durig	g most of working a borer	life, even if retired)		INDUSTRY	ETIRED	BROADTOF	PEN	NA.		COUNTRY?	USA
	13.	FATHER'S NAME					14. MOTHER'S MAIDEN					
			RVIN FUL	TON		30	BRIGID	LAV	ELLE			
	1S. (Yes	WAS DECEASED EVE , no, or unknown)	R IN U.S. ARMED FORCE:	c of convice)	16. SOCIAL SECU		NFORMANT			Address	D1 611	10 110
	Y	10			216-22		MEMORIAL	HOSP	IIAL,	COMBE		ID, MD.
		1B. CAUSE OF DI PART I. DEA	EATH (Enter only one of TH WAS CAUSED BY:		for (a) (b), and	d (c).)	7	0	17			ERVAL BETWEEN ISET AND DEATH
		4223	IMMEDIATE CAUS	SE (o)	Carried .	an ofes	peralong	CM	Jenu	şu		~~
		Conditions, if ony	, which gove)	(b) A	sobeles	le Ma	nulame To	no 1	Choe	age		K
		rise to immediot stoting the unde		UE TO		0-	1	6	,	7		
		last.)	(1)	Myo	curdi	les c	Deci	sulso.	sex la	12/	y
-	No	PART II. OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTIN	NG TO DEATH BI	UT NOT RELATED TO	THE TERMINAL DISEASE CO	ONDITION G	IVEN IN PART 1	0)	19.	WAS AUTOPSY PERFORMED?
	3			1							Y	ES NO
	CERTIFICATION		☐ CAUSE OF DEATH	206.	. DESCRIBE HOW	/ INJURY OCCURRED.	(Enter noture of injury in	Port I or I	ort II of item 1	B.)		
			MEDICAL EXAMINER) JRY Month, Doy, Yeor	200	d. INJURY OCCU	PRED 20e PLA	CE OF INJURY (Home, for	m. 20f	. (City or tov	(n)	(County)	(Stote)
-3	MEDICAL	Hour 'o.r	n.	W	hile Not V	Vhile foct	ory, street, office bldg., et	c.)	. (611) 51 151		(100[]	(3.0.0)
	1		fy that (1) (this ho	011		ork LJ eceased fram 5	Man 7	1967	to Ma	4/61	96 1	nat (I) (we) I
	10		eceased alive an_				death occurred a					e stated aba
		22o. SIGNATURE	- 0 /	(×1	ATTENDING 😽	MED.	STAFF		DATE SIGN	
	-	DO DUNCICIANIC	'louf!	207	erre	M.I.) PHYC	DIRECTOR	STAFF PHYS.	LIF	ray	13,196
1		22c. PHYSICIAN'S NAME (Type)	CLAY E	. DUR	RETT		22d. ADDRESS 236 VI	RGIN	IA AVE	., CUN	BERL	AND, ME
	230.	BURIAL, CREMATIC	ON, 23b. DATE 1	THEREOF	23c. NA/	ME OF CEMETERY OR		23d.	LOCATION (City	or Town)	(County	(Stote)
0		REMOVAL (Specify Burial			-	Peter &			Cumber			1700
1	24.	FUNERAL DIRECTO	R	7 : C.	AC	DDRESS		D BY REGI		GISTRAR	SIGNATU	Lany
		James F	. Scarpel	ال ولل	umberla	and, Md.	DATE A	11	1001		1	0

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2881 - 10 - 1882 - FR - 1882 - C. T. S. T. ANDRES TO A CONT. DERETTS!

3 MAYAL GIGINS WOLKER MINE!

THE THE THE THE THE TOTAL HOSPITAL, IN SEPTANDING, NO.

CLAY C. DURRETT - COLAY AVE. AVE. AVE. AVE. SUMMERLAND, PT.

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06022

CERTIFICATE OF DEATH

00022			CERTIFIC	MIL .	DEATH.			UO	HIA.	17.	
1. PLACE OF DEATH a. COUNTY	Allegany		MARYLA		. USUAL RESIDENCE (V	Vhere decease	ed lived, if institu b. COU	tian: Residen	ce before	admissio	n)
b. CITY OR TOWN Write RURAL or Westerneo	(If autside carparate limit ad give nearest town)	rs,	c. LENGTH OF STAY IN 1	lb .c.	CITY OR TOWN (II au Weste	tside corporat		RAL and giv	e negrest	tawn)	
d. NAME OF HOSPI	TAL OR INSTITUTION (II n	at in haspital, g	ive street address)	d	STREET ADDRESS	ce			e y	ON A FA	
3. NAME OF DECEASED (Type or print)	Lawrence	irst E	Middle	Ga	Last les	4. DATE OF DEATH	May May	th	Doy 15	Yec	
S. SEX Mele	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		DATE OF BIRTH BY 16m 189		AGE (In years last birthday) 76 yrs.	IF UNDER Manths	Days	IF UNDER Haurs	Min.
10a. USUAL OCCUPATIO during mast of warking Laborer	N (Give kind af wark dane g life, even if retired)	Par	ND OF BUSINESS OR DUSTRY Mill	1	1. BIRTHPLACE (County : Mineral—		eign cauntry)		TIZEN OF	WHAT	
13. FATHER'S NAME George	W. Gales			14	Addie Wh		•				
	ER IN U.S. ARMED FORCES? (If was give war or dates	1 . 1	SOCIAL SECURITY NO. 2-12-892	17. INFO	ormant ie Gales B	urgess	Addr B-Wester		, Md	•	
18. CAUSE OF D PART I. DEA 4443 Canditians, if an rise to immedia stating the und	ite cause (a),	(a) Ch	ron e Mycie ron e Bron	ncho	his with 1	Asth	ins	n	ONS	RVAL BET ET AND D POST	DEATH
PART II OTHER S)	(c) CONTRIBUTING T	O DEATH BUT NOT RELATE	ED TO THE	TERMINAL DISEASE CON	IDITION GIVEN	N IN PART 1(a)		19 YE	WAS AUTO	OPSY NO IX
OR CONTRIBUTING	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF ETITHER, NOTIFY MEDICAL EXAMINER)					Part I ar Part	II af item 18.)				
문 Haur a	10	While	Not While		OF INJURY (Hame, farm street, affice bldg., etc.)		(City ar tawn)	(Ca	unty)	((State)
21. I certify that (I) (this hospital) attended the deceased fram Feb. 4, 1963, to May 15, 1966 saw the deceased alive an May 14 1967, and that death occurred at 222 AM, from couses and on the 22a. SIGNATURE 22a. SIGNATURE 22b. DATE PHYSICIAN'S NAME (Type) Paul R. Wilson 22c. PHYSICIAN'S NAME (Type) Paul R. Wilson								he date	stated	obove	
230. BURIAL, CREMATI			Philos	RY OR CRE	MATORY		CATION (City or To		(Caunty)	Md.	itate)
24. FUNERAL DIRECT	OR 72 (West	ADDRESS ternport. Mo	d .		BY REGISTRA	AR 2Sb. R	EGISTRAR'S S			-

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2-shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours offer deptire. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

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FOR STATE HEALTH DEPT.

Hy delay is 2, and 3 to PMS. Roge

5 may be retained far your files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages I and 2 with the State Depar Health priar to burial, cremation, or remaval, and in any event within 72 haurs after death.

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, TO DEPUTY MESCAL EXAMINER: This certificate shauld be executed within 24 hours after death. If

the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm

R A15ME (5)

06023

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06012

		PLACE OF DEATH o. COUNTY		N.D.	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE Maryland b. COUNTY Allegany						
	1	b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN			tside corporote limits, write R					
		write RURAL ond give negrest town) Cumberland	69 year	rs	Cumberland 011						
		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol,	give street oddress)		d. STREET ADDRESS			e IS RESIDENCE ON A FARM?			
00		19 Boone Street			19	Boone Street	t	YES NO			
		NAME OF First DECEASED (Type or print) Sarah	Middle (Sadie) Har	src	last	4 DATE Mo OF DEATH Ma		Doy Year 67			
		SEX 6. COLOR OR RACE 7. MARRIED			B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1				
		Female White WIDOWED	DIVORCED		Oct. 4,189	7 lost birthdoy) 69 yrs.	Months	Doys Hours Min.			
	10o. duri		KIND OF BUSINESS OR NDUSTRY Own Hon	ne ne	11. BIRTHPLACE (Stote Cumberla	or foreign country)		IZEN OF WHAT			
	13.	FATHER'S NAME Emanuel Bea:	1		14. MOTHER'S MAIDEN NAME Sarah Beal						
		. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give wor or dates of service) NO	SOCIAL SECURITY NO.		NFORMANT . Wilbur H	ansrote, Cum	ress berlan	nd,Md.Son			
f		B. CAUSE OF DEATH (Enter only one couse per line fo PART I. DEATH WAS CAUSED BY:	r (o), (b), ond (c).) CORONA	RY	OCCLUSION			INTERVAL BETWEEN ONSET AND DEATH SUDDEN			
		rise to immediate couse (o), stating the underlying couse last.									
2	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES \(\) NO \(\)									
	CERTIFICATION	20o. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	ESCRIBE HOW INJURY OCC	JRRED.	(Enter noture of injury in	Port I or Port II of item 1B.)					
	MEDICAL	Hour o.m. While			CE OF INJURY (Home, form ory, street, office bldg., etc.)		(Cou	inty) (Stote)			
		21. I certify that I taak charge of the re		ve, he	ld an Autapsy .	Inspection [A], Inc	uiry X,	and in my apinian			
		death resulted fram: Natural causes			ide 🔲, Hamicide	, Undetermined	manner [
		ACTUAL SIGNATURE Developed Actual M.D. ASSISTANT MEDICAL EXAMINER () 22. DATE SIGNED									
2					M . D Address (Street	L EXAMINER X May, city, town, or county Cum	berlar				
0	230	BURIAL CREMATION, 23b. DATE THEREOF May 22,1967	23c. NAME OF CEMETE Rose Hil								
J	24		ADDDECC			BY REGISTRAR 2Sb. 1	REGISTRAR'S SI				

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	AND SECURITION				
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	al agentic				7
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Marie A. A. Str., in					
		and the second		and .	

06024

CERTIFICATE OF DEATH

	00003			CERTIFICA	L OI DEATH		Ublila	
	PLACE OF DEATH					(Where deceosed lived, if institut	tion: Residence before admission	on)
	o. COUNTY	LEGANY		MARYLAND	O. STATE WES	T VIRGINIA COU	NTY	/
	b. CITY OR TOWN (If outside corporate limits,		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corporate limits, write RUI	RAL and give nearest lown)	
		give nearest town)		11 DAYS	PETE	RSBURG, WEST	VIRGINIA	51
	d. NAME OF HOSPIT	AL OR INSTITUTION (If not	t in hospitol, giv	ve street oddress)	d. STREET ADDRESS		e IS RESID ON A FA	ENCE
		ial Hosp.				TH MAIN ST.	YES	NO [
	NAME OF DECEASED	Firs	MA	Middle P	LIADDED	4. DATE Mont		
_	(Type or print)	6. COLOR OR RACE	7. MARRIED [HARPER B. DATE OF BIRTH	9. AGE (In years	Y 29 19 TIFUNDER 1 YEAR 1 IF UNDER	67
	EMALE	WHITE		NEVER MARRIED DIVORCED	2-2-92	lost birthdoy)	Months Days Hours	Mi
10o duri	o. USUAL OCCUPATION ing mast af working	(Give kind of work done life, even if retired)		D OF BUSINESS OR USTRY		y & Stote, or foreign country) I RG I N I A	12. CITIZEN OF WHAT COUNTRY? U.S	. A
13.	FATHER'S NAME				14. MOTHER'S MAIDEN			
	TRUMAN	PARSON			VIRG	INIA HYRE		
IS.	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dotes of	service) 16. SC		. INFORMANT	Addre		
(,,	, 110, 01 01 K110 W11,	(ii yes give wei di deles ei	JOI VICE)	, A	MEMORIAL H	OSPITAL CU	MBERLAND, M	D.
	18. CAUSE OF D	EATH (Enter only one cous	e per line for (o), (b), ond (c).)	1-1-		INTERVAL BET	
		TH WAS CAUSED BY: IMMEDIATE CAUSE ((0)	Kemia	of aller	is Allerat	ONSET AND D	EATH
	4500		10		/	1 1		
	(conditions, if ony, which gove rise to immediate couse (o), (b) Vasculor Clesease for advances							
	stoting the unde		(c)			U		
	PART II. OTHER	GNIFICANT CONDITIONS CO	NTRIBUTING TO	DEATH BUT NOT RELATED TO	O THE TERMINAL DISEASE (C	ONDITION GIVEN IN PART 1(o)	19. WAS AUTO	YSQC
CERTIFICATION	(C	Sten Cin	TANIT	in sou	1, 1	Laco & lara	PERFORMI	ED?
IFICA	20o. ACCIDENT WAS	UNDERLYING	20b. DESC		10 11 1	Port I or Port II of item 18:	10mil	110
	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)					7 0.	
MEDICAL		JRY Month, Doy, Yeor n.	2Dd. INJ While		LACE OF INJURY (Home, for octory, street, office bldg., et-		(County) (Stote
-	p.m. 17 at work 1 of work 1							
	21. I certify that (I) (this haspital) attended the deceased fram 3 15 40 15 40 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10							
	220. SIGNATURE ATTENDING ATTENDING DIRECTOR PHYS. 22b. DATE SIGNED							
	22c. PHYSICIAN'S NAME (Type)	DR. W.	F. WIL	LIMMS	22d. ADDRESS 122 S.	CENTRE ST.,	CUMBERLAND	, 1
230	BURIAL, CREMATIC	N, 23b. DATE THE	REOF	23c. NAME OF CEMETERY C	R CREMATORY	23d. LOCATION (City or To	own) (County) (St	tote)
1	REMOVAL (Specify	- may 31.	-1967	mode 1	till Cemete	2 Petersfus	ig- Grant 4	1-1
-	I. FUNERAL DIRECTO	R		ADDRESS			GISTRAR'S SIGNATURE	
1	Tillia -	a B-IKA	Tht.	and al	I mal DATEJL	JN 2 1967 0	Charle O.	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician. filled in by the funeral paper. Pages I and TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplest director, page 3 should be detached for use as the burial-transit permit. Then please remave care

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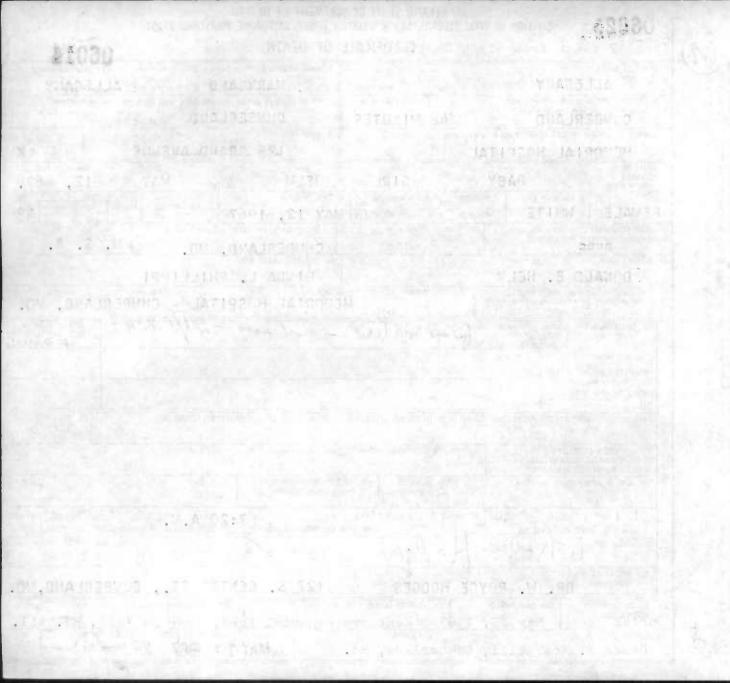
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32. 4

-	00023	DIVISION OF V	ITAL RECORDS, 301 W. P	PRESTO	N STREET, BALTIMOR	RE, MARYLAND 21201		
I	tem #2 t	aken from Bir	rth Cert CERTIFIC	CATE	OF DEATH		080	114
1.	PLACE OF DEATH				2. USUAL RESIDENCE (WH	nere deceosed lived, if institution	: Residence bef	ore odmission)
	o. COUNTY AL	LEGANY	MARYLA	AND	PENN. MARY	LAND Somerset	ALLE	GANY
	b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN	lb		ide corporote limits, write RURAL		est town)
	CUMB	d give negresi town) ERLAND	48 MINUTI	ES		ERLAND Roc	ckwood	75.3
	d. NAME OF HOSPIT	AL OR INSTITUTION (If not in he	ospital, give street oddress)		d. STREET ADDRESS 67	3 Main Street		e IS RESIDENCE ON A FARM?
		RIAL HOSPITA			L25 J	GRAND-AVENUE		YES NO X
3.	NAME OF DECEASED (Type or print)	BABY	Middle G1RL		HELM	4. DATE Month OF DEATH MAY	Do	Year 2, 1967.
	SEX		ARRIED NEVER MARRIED	0	B. DATE OF BIRTH		FUNDER 1 YEAR Months Days	
_	FEMALE		DOWED DIVORCED		MAY 12, 19	67 - Yrs.		48
100 dur	o, USUAL OCCUPATION ing most of working	(Give kind of work done life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (County &	Stote, or foreign country)	UCOUNTRY	12
	nor	ie'	none		CUMBERLA		0.5	. A.
13.	FATHER'S NAME	D E HELM			14. MOTHER'S MAIDEN NA			
15		LD E. HELM FRINUS. ARMED FORCES?	16. SOCIAL SECURITY NO.	17 1	NFORMANT	• PHILLIPPI Address		
		(If yes give wor or dates of service)			EMORIAL HO		BERLA	ND, MD.
		EATH (Enter only one couse per TH WAS CAUSED BY:	line for (o), (b), and (c).)	40	- labor	5-1/LNO		NTERVAL BETWEEN ONSET, AND, DEATH
	001.1	IMMEDIATE CAUSE (o)	1 1000					1+ grey
	Conditions, if ony	DUE TO						
	nse to immediat				-			
	stoting the unde	riving couse						
		GNIFICANT CONDITIONS CONTRIB	BUTING TO DEATH BUT NOT RELAT	IED TO I	HE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(a)	1 10	9. WAS AUTOPSY
TION	TAKT II. OTHER SI	OMITICALLY COMBINIONS COMPRIS	OTHO TO DEATH BUT HOT KEEN	10 10 1	TE TERMINAL DISEASE COND	mon offen in takt 1(0)		PERFORMED? YES NO
CERTIFICATION	20o. ACCIDENT WAS		20b. DESCRIBE HOW INJURY OCC	URRED.	(Enter noture of injury in Po	ort I or Port II of item 18.)		113 [] 110 []
		CAUSE OF DEATH MEDICAL EXAMINER)						
MEDICAL	20c. TIME OF INJU	URY Month, Doy, Yeor	20d. INJURY OCCURRED 2 While Not While		CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town)	(County)	(Stote)
M	p.r	m. 19	otwork U otwork U		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		HA LA	
			attended the deceased fr		, 19:	7:20 A M	_, 19, 1	that (I) (we) last
	220. SIGNATURE	eceased alive an	19, an	ia inai	death accurred at_	M, Iram causes an	22b. DATE SIG	
	220. SIGNATURE	WITOyco	- Hodge	M.D		IED. STAFF IRECTOR PHYS.	ZZU. DAIL SIG	INCO
	22c. PHYSICIAN'S				22d. ADDRESS			
	NAME (Type)	DR. W. ROY	CE HODGES		122 S. C	ENTRE ST., C	UMBER	LAND, MD.
230	BURIAL, CREMATIC	ON, 23b. DATE THEREOF	23c. NAME OF CEMETE	ERY OR	CREMATORY	23d. LOCATION (City or Town) (Coun	ty) (Stote)
_	REMOVAL (Specify	U /		awn		ark, Near La		
24	I. FUNERAL DIRECTO		ADDRESS		2So. REC'D I	BY REGISTRAR 25b. REGIS	TRAR'S SIGNATI	URE
	James I	. Scarpelli,	Cumberland,	Md.	DATE MA	17 1967 40	harles	mage

VR A15 (4) 25M 1/67

7-274683



CERTIFICATE OF DEATH funeral 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY ALLEGANY MARYLAND hin 72 hours ofter MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 4 DAYS CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS filled i MEMORIAL HOSPITAL 224 HARRISON NAME OF Middle First 4 DATE Month remove carbon campletely DECEASED BERTIE HELMICK M. MAY event (Type or print) DEATH S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED lost birthday) FEMALE WHITE 5-1-1897 and in ont WIDOWED DIVORCED pup 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) At Home pleose LOST RIVER. WVA. Housekeeper 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, RIGGLEMAN LOUISE WHETZEL 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service CUMBERLAND. MD. MEMORIAL HOSPITAL. 218-30-23181 No 18. CAUSE OF DEATH (Enter only one couse per ting for (o), (b), and (c),) buriol-tronsit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (d' DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use this certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) **DIRECTOR:** After 21. I certify that (1) (this hospital) aftended the deceased from M, from couses and on the date stated obave. saw the deceased olive on. and that death occurred of 220 SIGNATURE director, poge 3 should be filed v DIRECTOR 22d. ADDRESS 22c-PHYSICIAN'S FUNERAL CUMBERLAND, MD. WILLIAMS 23o. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 9 Rawlings Allegany Maryland Biertown Cemetery 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

H. Lee Silcox Cumberland Maryland 21502

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending

VR A15 (4) 25M 1/67

ALLEGANY

IF UNDER 1 YEAR

12. CITIZEN OF WHAT

COUNTRY?

(County)

22b. DATE SIGNED.

(County)

e IS RESIDENCE ON A FARM?

YES NO 12

Year

LIF LINDER 24 HRS

Hours

INTERVAL BETWEEN

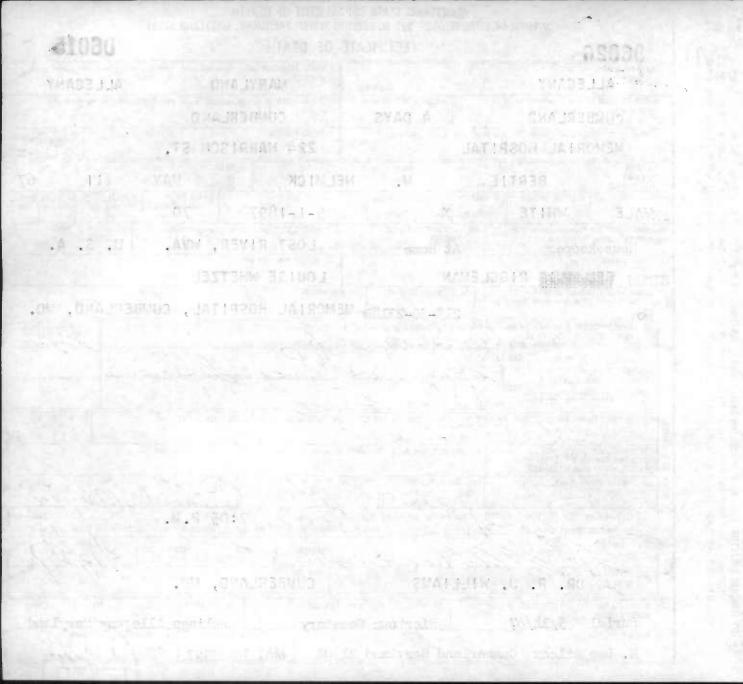
ONSET AND DEATH

WAS AUTOPS' PERFORMED?

NO

(Stote)

67



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

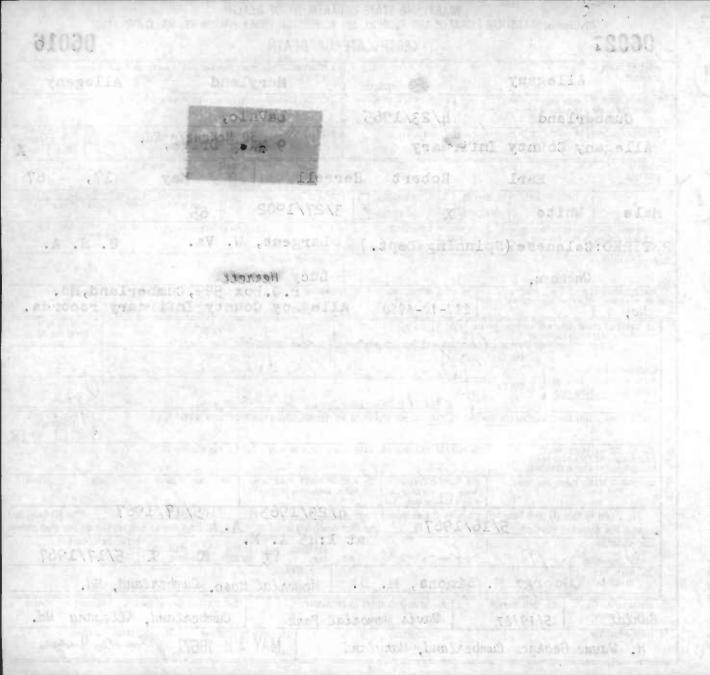
06027

CERTIFICATE OF DEATH

06016

1.	a. COUNTY	Allegany		MARYLAND		Where deceosed lived, if institut yland b. COU		
	b. CITY OR TOWN (write RURAL on Cum b	If outside corporate limits, d give negrest town)	c. LENGTH OF 4/23/		c. CITY OR TOWN (If ou	tside carparate limits, write RU Ble,	RAL and give nearest to	awn)
		al or institution (if not not not county	in haspital, give street addre	iss)	d. STREET ADDRESS	30 McKenzie, Ro	d. P. (IS RESIDENCE ON A FARM? S NO X
3.	NAME OF DECEASED (Type ar print)	Earl First	Rober		rrell	4. DATE Man	17,	Year 19 67
S.	Male Male	6. COLOR OR RACE White	QLL	VORCED	3/27/1902	9. AGE (In yeors birthdoy) Yrs.	Months Ooys	Haurs Min.
d F	TETTRED:	(Give kind of work done life, even if retired) Colanes (10b. KIND OF BUSINESS INDUSTRY De		Largent,		12. CITIZEN OF W	A.
13	3. FATHER'S NAME	Healers auto			14. MOTHER'S MAIDEN !			d. F
15	S. WAS DECEASED EVE	Unknown, R IN U.S. ARMED FORCES? (If yes give wor or dotes af:	16. SOCIAL SECURITY			lox 599, Cumb		
L	No.	(it yes give wor or doles di	217-10-6	980 A	llegany C	ounty Infir		
		EATH (Enter anly one cause TH WAS CAUSED BY: IMMEDIATE CAUSE (o	per line far (a), (b), ond (c)	orde	I Ins	arthur		VAL BETWEEN T AND DEATH
	420 / Canditions, if any	DUE TO	aller	olze	d out	reselves	5 91	2
	rise to immediate stating the under last.		+11-	unso	ni De	reare	(g)	7
ATION	PART II. OTHER SI	GNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT N	OT RELATED TO T	HE TERMINAL DISEASE CON	NDITION GIVEN IN PART 1(0)		AS AUTOPSY ERFORMED?
CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOW IN	URY OCCURRED. (Enter noture of injury in	Part I ar Part II of item 1B.)		
MEDICAL	20c. TIME OF INJ Hour a.i	URY Manth, Day, Year m. 19	While Nat While at work	focto	E OF INJURY (Home, form ry, street, affice bldg., etc.)		(Caunty)	(Stote)
	sow the d	fy that (I) (this hosp eceosed alive an	tal) attended the dece /16/196719	, and that	death accurred at	A M, fram causes		stated above
	220. SIGNATURE	nge M.	Imon.) at	ATTENDING PHYS.	MED. OIRECTOR X STAFF PHYS. X	226. DATE SIGNED 5/17/1	
	NAME (Type	George 1	M. Simons,	M. D.	22d. ADDRESS Memorial	Hosp. Cumber	land, Md.	
23	30. BURIAL, CREMATION BENOVAL Specify		7 Davis	Memoria	al Park	23d. LOCATION (City or To Cumberland	, , , , , , , , , , , , , , , , , , , ,	(State) Md.
	24. FUNERAL DIRECTO		ADDRE Cumberland. M		2Sq. RECT		EGISTRAR'S SIGNATURE	dge.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. **TO FUNERAL DIRECTOR:** After this certificate hos been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remays-earbon papers. Pages 1-and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in apy event, within 72 hours affect best Poge 4 may be retoined by the hospital or ottending physician. VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06025

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 06017

LOK 21	AIC		00020		INLED	CAL EXAMINE	K 5 CERTIFICAT	L OI DE	7111	00	OTA		
IEALTH I	DEPJ.	1. 1	LACE OF DEATH					NCE (Where dec	eosed lived, if institu	ution: Reside	nce before	odmissio	n)
e d is	6M)	(COUNTY	Allegany		MARYLA	O. STATE M	aryland	b. (0)	UNTY A7 -	legar	nar	
any delay is , 2, and 3 ta n PM3. Page	meb				5	c. LENGTH OF STAY IN			orote limits, write R				
del and A3.	t me	1	write RURAL and	outside corporote limit give negrest town) perland		50 years		umberla					
2, 2, P.	bd an			L OR INSTITUTION (If n			d. STREET ADDRE		411.0	0	7/ ·/	. IS RESID)FN(F
# - E	Depart	,		Sedgewick					manus ala con	hans a sk		ON A FA	ARM?
h. h. fa	# +								gewick St				NO bc
Parkith	I)		AME OF ECEASED		irst	Middle	Lost	4. DAT		nth	Doy	Yea	II .
ter death. I Give Pages ang with far		-	Type or print)		narles	Ζ.	Heskett	DEA		IF UNDER	5 I VEAR I	19 IF UNDER	6
afte 8. G alar	with h.	S. S		6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	7802	9. AGE (In years	Months	Doys	Hours	Min.
haurs after death. If of them 18. Give Pages 1, Office alang with farm	12 vath	_	Male	White	WIDOWED>		Oct. 12		yrs.				
haurs Item 1 Office	land2 er death	10o.	USUAL OCCUPATION	(Give kind of work done		ND OF BUSINESS OR	11. BIRTHPLACE			12. C	ITIZEN OF OUNTRY?	WHAT	
24 in 1	fter	0011	ng most of working I	iwyer	Se	If Employe			Penna.			USA	
in ei	pages urs afte	13.	FATHER'S NAME	BOOK BUILDING			14. MOTHER'S MA	NIDEN NAME					
vith pen cam	le p			Landon C.	Hesket	t		Clar	ra Mag				
- = - G	. Fi	15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO.	17. INFORMANT			dress			
cute ng" dica	permit. File vithin 72 ha	(70	yes	R IN U.S. ARMED FORCES? (If yes give wor or dotes) War I	1 Selvice 220	-07-6740	Miss Helen	n Taske	er, Cumbe	rland	Md.		
ndii	urial-transit permit. File pages land2 w any event within 72 haurs after death.		18. CAUSE OF DE	ATH (Enter only one co	use per line for	(a), (b), ond (c).)						RVAL BET	
ief	burial-transit n any event v		PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE	(0)	Co	oronary Occ	lusion			Su	aden	EATH
Page	ev.		4201		TO						-		
hat. ₩c	any		Conditions, if ony,		(b)		Coronary S	clerosi	S				
e s the	g br		rise to immediate stating the under		10								
icat ng ded	as a br		last.) mg 10030	(c)								
This certificate shauld be executed within 24 haurs after death. ficate, writing the ward "pending" in pencil in Item 18. Give Pages be farwarded to the Chief Medical Examiner's Office along with fa	D		PART II. OTHER SIG	INIFICANT CONDITIONS	CONTRIBUTING 1	O DEATH BUT NOT RELAT	ED TO THE TERMINAL DISEA	SE CONDITION (GIVEN IN PART 1(0)		19.	WAS AUTO PERFORME)PSY
e, v fan	uld be used ar remaval,	CERTIFICATION											NO X
Thi	remo	IFIC	20a. EXTERNAL CAL		20b. DE	SCRIBE HOW INJURY OCCU	IRRED. (Enter noture of inj	ury in Port I or	Port II of item 18.)				
		CERT	PRIMARY Or CON CAUSE OF DEATH.	TRIBUTING []									
MINER: This the certificate, shauld be far files.	Page 3 should crematian, ar r	MEDICAL		RY Month, Doy, Yeor	2Dd 11	JURY OCCURRED 2	De. PLACE OF INJURY (Hom	e, form, 20	f. (City or town)	(Cr	ounty)	(Stote)
AM Th		MED	Hour o.m	10	While of worl	Not While	foctory, street, office bld	g., etc.)					
L EXAM ecute 11 Page 4	Pd cre						ve, held an Autopsy	Insne	ection [X] Inc	quiry TX.	and	in my	oninia
AL exe	ECTOR burial,						Suicide , Han				7		opinia
MEDICA please ex directar.	Po ng		0.00111 10.0011	A TIGHT. TIGHT	. /	, Accident,		EDICAL EXAMINE	_		_		
MEDIC please I directo	100		ACTUAL SIGNATURE	gand.	A 16	to the		IT MEDICAL EXA			2	2. DATE	SIGNED
TY.	AL		EXAMINER'S	LEALERA	1. 110	maranac	MI.D.	MEDICAL EXAMI		y 5,	196	7	
PU Une	FUNERAL DIRECTOR: P		NAME (Type)	BENEDICT	SKITAL	RELIC, M.D	Address	(Street, city, to		umberl			
TO DEPUTY MEDICAL EXAMINER: necessary, please execute the cert the funeral director. Page 4 shault 5 may be retained far your files.	O FUNERAL DIR Health prior to		BURIAL, CREMATIO		IEREOF	23c. NAME OF CEMETE			LOCATION (City or	Town)	(County)	(51	tote)
5 = = 5	2=	E	urmeyal Specify)	May 8,	1967	Philos C	emeterv	We	sternpor	et, Me	I.Al	lera	77.35
14D 4.7.5	W. W.	24	FUNERAL DIRECTO	R		ADDRESS	250	REC'D BY REG	ISTRAR 25b.	KEGISTRAK S	SIGNATUR	C.	-
VR A15	WE (3)		James F	. Scarpel.	Li. Cun	berland.Mc		MAY 1	1 1967	John	PCBy !	Andrea	

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FOR STATE HEALTH DEPT

necessory, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page any delay is AL EXAMINER: This certificate should be executed within 24 hours ofter death. If 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages I and 2 with the State Deportment of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 22 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	06023	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	06018				
1.	PLACE OF DEATH o. COUNTY Allegany b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest lown) Cumberland (Md.)	MARYLAND c. LENGTH OF STAY IN 1b 4 Hours	USUAL RESIDENCE (Where deceosed lived, if institution o. STATE b. COUNTY Maryland C. CITY OR TOWN (If outside corporate limits, write RURA) LaVale Maryland	legany				
3	d. NAME OF HOSPITAL OR INSTITUTION (If not in Memorial Hospital	hospital, give street address)	d. STREET ADDRESS 537 Maryland Street	e. IS RESIDENCE ON A FARM? YES NO 2				
	NAME OF DECEASED (Type or print) Herbert		Jewell 4. DATE Month OF May	25 Doy Year 67				
	M W w	VIDOWED DIVORCED	July 22,11904 62st birthdoy)	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.				
du	o. USUAL OCCUPATION (Give kind of work done ring most of working life, even if retired) Boilermaker and	10b. KIND OF BUSINESS OR Welder, Railroad	11. BIRTHPLACE (Stote or foreign country) Strasburg, Va.	12. CITIZEN OF WHAT				
	Toliver Jewell		14. MOTHER'S MAIDEN NAME Mary Ellen Higgs					
	1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) No							
	18. CAUSE OF DEATH (Enter only one couse por PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	HOUSELAND DEATH						
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse (b) (c) (c)	Cor	conary Sclerosis with Thrombosis	11				
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO				
L CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY ☐ OF CONTRIBUTING ☐ CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCCURRED. ((Enter noture of injury in Part I or Port II of item 18.)					
MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o.m. p.m. 19 20d. INJURY OCCURRED While of work of w							
	21. I certify that I taak charge of the remains described abave, held an Autopsy X, Inspection X, Inquiry X, and in my apinion death resulted fram: Natural causes X, Accident , Suicide , Hamicide , Undetermined manner CHIEF MEDICAL EXAMINER							
	FYAMINEP'S	ITARELIC, M.D.	DEPUTY MEDICAL EXAMINER A May Address (Street, city, tawn, or coun umbe)					
23	o. BURIAL, CREMATION, 23b. DATE THEREOF 5-28-67		CREMATORY 23d. LOCATION (City or Town	(County) (Stote)				
2	4. FUNERAL DIRECTOR James F. Scarpelli C	ADDRESS	2So. REC'D BY REGISTRAR 2Sb. REGISTRAR	STRAR'S SIGNATURE				

VR A15ME (5)

2030

Server of the server

Questit Statements

FOR-STATE HEAVILL DEPT.

detained for your fill se State Board of He rector. death. TO DEPUTY ME. ALL EXAMINER: This certificate should be executed within 24 hours after death please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3, 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5, may TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours all

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

06030 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	e. COUNTY	e, STATE b. COUNTY	Intuitoni kesidence beiore editissioni
	Allegany Maryland		verdov
	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write Ri	DRAL end give nearest town)
		Now Youle	69.3
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	New York d. STREET ADDRESS	ach Ty. O. IS RESIDENCE
	Managed al Handaal D.O.A		
1 3	Memorial Hospital D O A.	8100 Shore Front ParkwayRo	CKWAY Year
	DECEASED (Type or print)	OF DEATH	404
-	Ben	Kanther May	11 1%7
113	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8		UNDER 1 YEAR IF UNDER 24 HRS.
	Male White WIDOWED DIVORCED	July 30, 1897 69 yrs.	
1	08. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Ajax Springs Retired Auld	Lithuania	USA
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0 0 4
	Edward & Vantura	Mana	
1	Edward A. Kantner 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	Mirian Friedland	
	Yes, no, or unkown) (Ifyesgivewarordatesofservice)		
-		rs. Ben Kantner	
	1B. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c).]		ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY OC	CLUSION	SUDDEN
	NAC DUE TO		
	Conditions, if eny, which \ (b)	CORONARY SCLEROSIS	***
	geve rise to immediate cause		
	(e), steting the underlying cause last.		
12		T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	I IN PART I(a) 19. WAS AUTOPSY
2 8			PERFORMED?
1	SO ENTERNAL CALLER WAS LOOK DESCRIPT HOW INHIBN OCCUPED II	Enter netura of injury In Part I or Pert II of item 18.)	YES NO NO
2 PACIFICATION OF THE PACI	208. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED. (I PRIMARY ☐ or CONTRIBUTING ☐	enter netura of injury in Part t or Pert II of Hem 16.	
100	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour e.m. While fact	CE OF INJURY (Home, farm, 20f. (City or town)	(County) (Stete)
15	Hour e.m. White Not White p.m. 19 et work at work		
	21. I certify that I took charge of the remains described above, he	old an Autopsy , Inspection X, Inquiry	K, and in my opinion
	death resulted from: Natural causes X. Accident . Suice		ner 🗍
		CHIEF MEDICAL EXAMINER	
	ACTUAL B. + X6 +	ACCICTANT MEDICAL EVALUMED	DATE SIGNED
	SIGNATURE Simiduct Medarette	M.D	
	EXAMINER'S DENEDICT SKITARELIC, M.D.	DEPUTY MEDICAL EXAMINER X May 11	
()	NAME (Type) BENEDICI SKITARELIC, M. D. 28. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	Address (Streel, city, town, or county Cumber 22d, LOCATION (City, town, o	Land, Maryland
2	13 MOVAL (Specify) 5 / 14 // 1 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/	+ 1 1 1	POLO
1	Durial - 19/4/ 11/1. Urrall	- Cem. farmingtale	Dong yseens
	23. FUNERAL DIRECTOR ADDRESS	240. REGISTRAT A4b. REGIST	leaver Judge
	James Allen Inc. went- 19	DATE 16 NOT	and Judge

Busch Wy.

U S.A.

Allegeitt

.bm bmelsedand

Memorial Hompitel U.O.A.

edidW elam

Ajex Springe Revired

Edward A. Kantner

July 30, 1897

Libimonia

New York

broibeled makely

Herr Paris Island

Sico Shorts From Parkwaytoolmey

If tentnal rentnal

59

dra Den Kantner

CORCURATE DOCKLESION

PERSONAL VILLOS STANDS

ECHEDIC SETEMBLIO, W.D.

A May 11, 1967 Combertood, Veryland

Energy 5/19/67 Wit love To Gen Harringhile for July

Jan Ster me But 10 C . Will a to the way

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STAT HEALTH P.M.3. Poge necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with form PM3. Page any delay is

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages larged with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 haurs after death. 5 may be retained for your files.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If

06031

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

DEOPA

000	21_						UUUGU
PLACE OF DEAT a. COUNTY	Н				E (Where deceased li		dence befare odmission)
	Allegany		MARYLAND	a. STATE	arvland	b. COUNTY	egany
b. CITY OR TOW	N (If autside carparate limits,		c. LENGTH OF STAY IN 1b			mits, write RURAL and	
	ond give nearest tawn) Cumberland		50 yrs.	Cı	umberland		011
	PITAL OR INSTITUTION (If not in	haspital, giv		d. STREET ADDRESS	ander Land		e. IS RESIDENCE
Sac	red Heart Homp	ital		806 (Columbia	lve.	ON A FARM? YES NO
3. NAME OF DECEASED	First		Middle	Lost	4. DATE OF	Month	Day Year
(Type or print)	Glady	'S	M	Kegg	DEATH	May	15 19 67
S. SEX	6. COLOR OR RACE 7.	MARRIED 5	NEVER MARRIED	8. DATE OF BIRTH			DER 1 YEAR IF UNDER 24 HRS.
Female	White	WIDOWED [DIVORCED	Dec. 15. 1		52 Yrs.	s Days Haurs Min.
1Do. USUAL OCCUPAT	ION (Give kind af wark dane		D OF BUSINESS OR	11. BIRTHPLACE (St	ate or fareign country	12	CITIZEN OF WHAT
during most of work House	ing life, even if retired)	INDI	USTRY	Cumberi	Land Mary		COUNTRY?
13. FATHER'S NAME				14. MOTHER'S MAIDE		Tand	U.D.R.
T							
IS WAS DECEASED	k Porter	114 54	OCIAL SECURITY NO. 17.	INFORMANT	Rice	Address	
(Yes, to ar unknaw	EVER IN U.S. ARMED FORCES? n) (If yes give war ar dates of se	rvice) 10. 30	JUAL SECURITY NO. 17.	INFORMANI		Address	
110	-		F	dgar Kegg	806	Columbia	Ave.
	DEATH (Enter anly ane couse p DEATH WAS CAUSED 8Y:						INTERVAL BETWEEN
	IMMEDIATE (AUSE (a)		Cardiac Tam	ponade			HOUL'S DEATH
1/20	DUE TO						
	iny, which gave) (b)		Ruptured Po	sterior Myd	ocardium		11
	iate cause (a), DUE TO						
last.	(c)		Coronary Th	rombosis, F	Right		11
PART II. OTHER	SIGNIFICANT CONDITIONS CONT	RIBUTING TO				PART 1(a)	19. WAS AUTOPSY
100						, ,	PERFORMED? YES XX NO
2Da. EXTERNAL PRIMARY ar	CAUSE WAS	20h DESC	RIBE HOW INJURY OCCURRED	(Enter nature of injury	in Part I ar Part II a	f item 181	ILD WAY
PRIMARY ar	CONTRIBUTING	200. DL30	NIDE HOW HOURT OCCURRED	. (Emer nature at injury	in run i ui run ii u	i nem io.j	
CAUSE OF DEAT		201 144	HDV OCCUPATA	are or hallopy to	I 001 (6)		16 1
2Dc. TIME OF I	NJURY Month, Day, Year a.m.			LACE OF INJURY (Hame, f ictary, street, office bldg., c		ty ar town)	(Caunty) (State)
₹	p.m. 19	While at wark	at wark	J, , , , , , , , , , , , , , , , , , ,	,		
21. I cer	tify that I taak charge a			neld an Autapsy #	, Inspection	#, Inquiry #	, and in my apiniar
		auses #		icide . Hamici		ermined manner	
		17			CAL EXAMINER		
SIGNATURE	Sundiet	- 16	tarelle	M.D. ASSISTANT A	MEDICAL EXAMINER		22. DATE SIGNED
	mum	7	VIII CLUCK		DICAL EXAMINER	May 15,	1967
EXAMINER'S NAME (Type)	BENEDICT SKI	TAREL	TC M.D.				and, Maryland
23o. BURIAL, CREMA	The same of the sa		23c. NAME OF CEMETERY O			ON (City or Tawn)	(County) (State)
REMOVAL (Spe	cify)						1121/
Burial 24. FUNERA DIRE	May 18,	19671	SS. Peter &	Paul Gem.	Cumber EC'D BY REGISTRAR	2Sb. REGISTRAR	S SIGNATURE
24. TUNIOR DIKE	Stew: Que	a.	m			401	les Judge
names	men one		me . 00/ 6	DAM!	NY 19 196	il him	CAN MAN

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	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICA	L RESEARCH AND RECORDS. 301 W. PRESTON STREET. BALTIMORE 1. MAR'	YLAND .
06032	L RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR. CERTIFICATE OF DEATH	OUZ.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the forest director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cramation, or removal, and in any event, within 72 hours after death.	23a.
P	24.

3000%		
PLACE OF DEATH a. COUNTY RLLEGANY MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If Institution: Res	idence before admission)
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL a	nd give nearest town)
CUMBERLAND 17 DAYS	CUMBERLAND 01:1	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
SACRED HEART HOSPITAL	194 CENTER STREET	YES NO
NAME DF First Middle DECEASED	Last 4. DATE Month	Day Year
(Type or print) LORETTA M.	KENNEY DEATH MAY	20 19 67
WENTER WARRIED !	last birthday) Months I D	YEAR IF UNDER 24 HRS
	4-0/-88 /9 yrs.	
USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired) SEAMTRESS (RETIRED)	COU	IZEN OF WHAT INTRY? . S . A .
FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
JAMES	ANNA (MC GREEVY)	
. no. or unknwn) I (If yes give war or dates of service)	INFORMANT Address	
	PATIENTS HOSP, RECORD SACRED HI	EART
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), 1)	T= .0	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	may tacked	OHOCY AND DENN
4200 DUE TO /	de n V.D.	9
Conditions, If any, which	tie Hen places	4
gave rise to immediate cause (a), stating the underlying cause last. DUE TO Clicy	Congetione facture	?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTDPSY PERFORMED?
Muhmmy Englineere		YES NO
208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE 19 While at work at work	E OF INJURY (Home, farm, y, street, office bldg., etc.) (City or town) (Coun	ty) (State)
21. I certify that (I) (this hospital) attended the deceased from	5/3 .196/ to 5/20 .196	Z that (I) (we) last
11 - 11 / 13	death occurred at 150M, from the causes and on the	
22a. SIGNATURE M.D.	ATTENDING MED. STAFF 22b. DA	SIGNED 67
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	1 10
BURIAL, CREMATION, 280. DATE THEREOF 23c. NAME OF CEMETERY		W.VA. (State)
Burial 5/23/67 St. Patrick	o Con Cumberland	mo.
FUNEBAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	A
Faver Stein Jun Cumbon	1 St. MANN 2 2 1967 Policares	Judge.

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\$80.5 0.00	. RECORD STA		

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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1. PLACE OF DEA					rution: Residence befare admission)
a. COUNTY	EGANY	MAI	YLAND O. STATE WES	T BIRGINIA	BERKLEY V
CITY OR TO	VN (If outside corporate limits,	c. LENGTH OF STAY	IN 1b c. CITY OR TOWN (If o	utside corporote limits, write R	RURAL ond give neorest town)
	BERLAND town)	15 DAY	'S PAW	PAW, W. VA.	853
		in haspital, give street address)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?
MEM	DRIAL HOSPI	TAL			YES NO 2
NAME OF DECEASED	First		Last		onth Doy Year
(Type or print)	FLO'	YD L	KIFER	OF DEATH MA	AY 10 19 67
SEX		7. MARRIED NEVER MARRI		9. AGE (In years last bigthslay)	Manths Days Hours Min.
MALE	WHITE	WIDOWED DIVORCE	9-23-89	yrs.	maintis bays 110013 min.
	TION (Give kind af work dane king life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY		& State, ar foreign country)	f2. CITIZEN OF WHAT COUNTRY?
Retire	d Farmer	IIIDOSTKI	KIPER,		COUNTRY? U.S.A.
3. FATHER'S NAM			14. MOTHER'S MAIDEN		
	DKIFER			ASHKETTLE	
IS. WAS DECEASE! (Yes, na, or unkno:	EVER IN U.S. ARMED FORCES? wn) (If yes give war ar dates af :	service) 16. SOCIAL SECURITY NO.	17. INFORMANT		dress
NO		1236 20 93	55 MEMORIAL H	OSPITAL CO	JMBERLAND, MD.
f8. CAUSE C	F DEATH (Enter only one couse DEATH WAS CAUSED BY:	per little far (a), (b), and (c)	06	,	INTERVAL BETWEEN ONSET AND DEATH
TANT I.	IMMEDIATE CAUSE (o	1 erehr	af Henry	et the	15 Charge
33	. / .	0/0/ 1/- 0	100.0	(crehty	en /
	ony, which gave diate cause (a),		Ackeronic	Varantel	Clyes
stating the u	nderlying cause DUE IC				
last.) (0				
PART II. OTHI	R SIGNIFICANT CONDITIONS CON	NTRIBUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)	f9. WAS AUTOPSY PERFORMED?
					YES NO
	WAS UNDERLYING ING CAUSE OF DEATH	20b. DESCRIBE HOW INJURY	OCCURRED. (Enter nature of injury in	Part 1 ar Part 11 af item 18.)	
	TIFY MEDICAL EXAMINER)				
20c. TIME OF	INJURY Manth, Day, Year	20d. INJURY OCCURRED While Not While	20e. PLACE OF INJURY (Hame, farr factory, street, office bldg., etc.		(Caunty) (State)
	p.m. 19	at work at work	and als	(milital)	od Mellella
	_ , ,,,	ital) attended the deceased		OOA to 10/10/6	
22g, SIGNAT	decrased glive on	5/7/6/19	and that/death accurred at	M, from couse	s and on the date stated abo
ZZO. SIGNAL	1////	MI	M.D. PHYS	MED. STAFF	22b. DATE SIGNED
22c. PHYSICI	A / / / / /	Mener	M.D. PHYS. 22d. ADDRESS	DIRECTOR L PHYS.	0/176/
NAME (ype) DR. R.	J. WILLIAMS	122 S.	CENTRE ST.	. CUMBERL AND, MI
DUDIN COS					
30. BUKIAL CREA	ATION. I 23b. DATE THER	EOF 23c NAME OF CEN	IETERY OR CREMATORY	23d. 10CATION (City or	
23a. BURIAL, CREM REMOVAL (Sp	ecify) F /40 /4		ion Cem	23d. LOCATION (City or Slanesvil	Town) (County) (State)

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IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deoth. TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-tronsit permit. Then please remove carbon papers. Pages 1 and Page 4 may be retained by the hospital or attending physicion.

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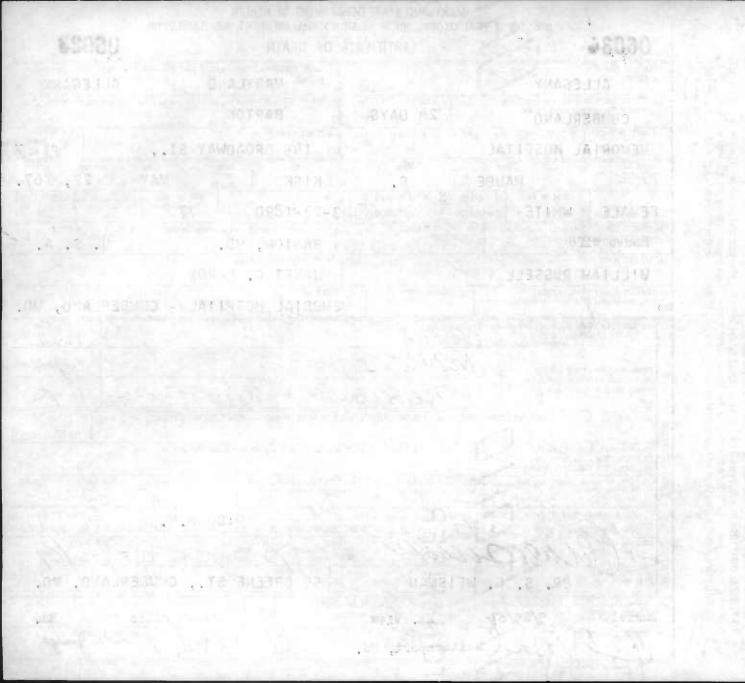
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	LEGANY		MARYLAND	O. STATE NAME	(Where deceosed lived, if institute b. COL	UNTY ALLEGANY
CUME	(If outside corporate limits nd give negrest town) BERLAND		c. LENGTH OF STAY IN 16 24 DAYS		outside corporote limits, write RI	URAL ond give neorest town)
	AL HOSPIT		ve street oddress)	d. STREET ADDRESS	ROADWAY ST.,	e. IS RESIDET ON A FAR YES N
3. NAME OF DECEASED (Type or print)	Fir MA	st UDE	Middle C .	Lost K I RK	4. DATE MOI OF MA	, , ,
FEMALE	6. COLOR OR RACE WHITE	7. MARRIED [WIDOWED [NEVER MARRIED DIVORCED	B. DATE OF BIRTH 3-27-1890	9. AGE (In years last hirthdoy) yrs.	Months Doys Hours
10o. USUAL OCCUPATIO during 1705t of Yorkin	ON (Give kind of work done		D OF BUSINESS OR USTRY	BARTON,	y & Stote, or foreign country) MD.	12. CITIZEN OF WHAT COUNTRY'S . A.
	AM RUSSELL			JANET C	HERON	
(Yes, no, or unknown)	/ER IN U.S. ARMED FORCES? (If yes give wor or dotes o	f service) 16. SC	OCIAL SECURITY NO.	7. INFORMANT MEMORIAL H		Iress UMBERLAND, M
18. CAUSE OF I PART I. DE	DEATH (Enter only one count ATH WAS CAUSED BY: IMMEDIATE CAUSE	11/6	a) (b), ond (f).)			INTERVAL BETWO
Conditions, if on	y, which gove	(b) /VC	-	1R0515		30/00
stoting the und)	(c) AK		ROS15 + 1	1/14	10N 100p
PART II. OTHER S	SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO	DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART I(o)	19. WAS AUTOP PERFORMED YES NO
OR CONTRIBUTING	AS UNDERLYING □ G □ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCURR	RED. (Enter noture of injury in	Port I or Port II of item IB.)	
Hour o	JURY Month, Doy, Yeor .m. 19	20d. INJ While ot wark	Not While	PLACE OF INJURY (Home, for foctory, street, office bldg., etc.		(County) (Sto
saw the	eceased alive an		ed the deceased fram	n_4/28, that death accurred a	19 9:0 M, fram causes	, 19, that (I) (we s and an the date stated o
220. SIGNATURE	Mulk	200	ibu	M.D. ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DAYE SIGNED 5/22/67
220 PHYSICIAN NAME (Typ	DR. S.				NE ST., CUM	
230. BURIAL, CREMAT	y) 5/25/0		23c. NAME OF CEMETERY Mt. View		23d. LOCATION (City or T Moscow Mi)	lls Md.
24. FUNERAL DIRECT	D Bra	West	ADDRESS ernport, Md	2Sa REC	Y 2 4 1967 25b.	RECISTRAR'S SIGNATHRE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death funeral s TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the furdirector, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages shauld be filed with the State Dept. af Health priar to burial, cremation, ar removal, and in any eventy within 72 hour attentions. Page 4 may be retained by the haspital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06035 CERTIFICATE DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH b. COUNTY MARYLAND SYLVAN RETREAT ALLEGANY c. GITY OR JOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) CUMBERLAND, MD. 56 DAYS CUMBERLAND e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS SACRED HEART HOSPITAL 900 SETON DRIVE 119 Washington St. YES NO X 3. NAME OF Middle 4. DATE Month First Lost Year DECEASED OF DEATH 5-2-67 TA BER (Type or print) LOUIS 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH birthdoy) MALE WHITE WIDOWED DIVORCED XXXXXX 7-12-83 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done duping most properties the sever prefire IMD . R.R. INDUSTRY COUNTRY? RAILROAD RED HILL. MD. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOHN LABER MARGARET GLOTHAR 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes, no, prynknown) (If yes give wor or dotes of service MRS. LIEWIS DEVORE. WESTERNPORT, MD. 220-10-2095 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). ONSET AND DEAT PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (c Conditions, if ony, which gove rise to immediate couse (a). DUF TO stoting the underlying couse last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO X 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) Not While foctory, street, office bldg., etc.) ot work ot work 105-2 , 19 (a 3 that (1) (we) lost 21. I certify that (I) (this haspital) attended the deceased fram 1967 7, and that death occurred at 7.3 M, fram causes and an the date stoted above. saw the deceased olive on. 22b. DATE SIGNED 220. SIGNATURE STAFF ATTENDING DIRECTOR PHYS. PHYS 22c. PHYSICIAN'S 22d. ADDRESS HAME HYDE 40146 NORTH MECHANIC STREET : CUMBERLAND DOERNER 23o. BURIAL, CREMATION 23b. DATE THEREO! 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) F'BG. MEMORIAL PARK FROSTBURG. MD. 5-4-67 25b. REGISTRAR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR

FROSTBURG, MD.

1967

death funerol executed within 24 hours after 52 L OG eV remove that the death certificate be 0 removol, en 10 cremation, signed by the buriol-tronsit burial, cremati the has been Heolth p O FUNERAL DIRECTOR: After this certificate the hospital or for detoched for Dept. of H be retained director, poge 3 should be filed v VR A15 (4)

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JOSEPH R. DURST. SR.,

HERE EXPENDED AN ARROTECTION OF THE PARTY OF TLL EGALLY LAK DIVER LIBERTALING, NO. -A PARTY NO. to be the second of the last of the last ON TOTAL STATE OF THE DESCRIPTION OF THE PROPERTY. A DAMES SELVE MOOTHWAY ID. OF MAY S. 1957 I THE LEAST VALUE OF THE PARTY OF THE PAR

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tunefal director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages—1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

ASBRS. OLKINIOATI	L OI BLAIN	1090
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution:	Residence before admission)
a. COUNTY ALLEGANY MARYLAND	a. STATE MARYLAND b. COUNTY	ALLEGANY
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURA	AL and give nearest town)
FROSTBURG 14 HRS.	ECKHART	0/-/
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
MINERS HOSPITAL		ON A FARM? YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year
(Type or print) ELIZABETH (HARRIS) LA		3, 1967
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	8. DATE OF BIRTH 9. AGE (In years IF UNDE last birthday) Months	ER 1 YEAR IF UNDER 24 HRS
FEMALE WHITE WIDOWED TO DIVORCED	FEB. 14, 1888 79 yrs.	Days Hours Will.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	1 11 BIRTHPLACE (County & State, or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
RETIRED COOK RESTAURANT	MARYLAND	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
WILLIAM HARRIS	CATHERINE CROSS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
(Yes, no, or unkown) (If yes give war or dates of service) 212-24-0309 MR	S. BETTY CARTER, ECKHART, MD.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
A	failure Atside	ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	gartine Made	- Cocarp
DUE TO M. C. O. I.		40-0-
Conditions, If any, which gave rise to immediate (b)		france
cause (a), stating the DUE TO		
underlying cause last. (c)		The Man AllToney
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
CO. ACCIDENT WAS UNDERLYING TO JOB DESCRIPE HOW INVIEW OCC	URRED. (Enter nature of Injury In Part I or Part II of Item	
20a. ACCIDENT WAS UNDERLYING \(\) 20b. DESCRIBE HOW INJURY OCCU \(\) OR CONTRIBUTING \(\) CAUSE OF DEATH \(\) (IF EITHER, NOTIFY MEDICAL EXAMINER)	SKRED. (Enter nature of injury in Part 1 of Part II of Itom	20.)
		(0)
9 facto	ACE OF INJURY (Home, farm, 20f. (City or town) (Copy, street, office bidg., etc.)	County) (State)
Hour a.m. p.m. While Not While at work		
21. I certify that (I) (this hospital) attended the deceased from	au 1967 to may 13, 19	6 ? that (I) (we) las
saw the deceased alive on 20013 196), and that	t death occurred at M. M. from the causes and on	the date stated above
22a. SIGNATURE		DATE SIGNED,
I IN BA	D. PHYS. MED. STAFF DIRECTOR PHYS.	116/62
22c, PHYSICIAN'S M.D	22d. ADDRESS	1.076
NAME (Type) JOHN B. DAVIS, M. D.	2 BROADWAY, FROSTBURG, MD	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	Y OR CREMATORY 23d. LOCATION (City, town or	county) (State)
REMOVAL (Specify)		(0-1104)
	I. PARK FROSTBURG, MD.	AR'S SIGNATURE
	unt.	
JOSEPH R. DURST, SR., FROSTBURG, MD.	DATE AY 1 8 1967 / Ware	150

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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	B6H37	VI PENIII
1.	PLACE OF DEATH O. COUNTY ALLEGANY MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE ST VIRGINIA b. COUNTY
	b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
L	write RUCUMBEREEAND) 9 DAYS	RIDGELEY
	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) MEMORIAL HOSPITAL	d. STREET ADDRESS RT. #1 e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
3.	(Type or phnt)	HLITER OF DEATH MAY 5 19 67
S.	FEMALE WHITE WIDOWED DIVORCED	B. DATE OF BIRTH 7-5-1919 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Haurs Min.
	a. USUAL OCCUPATION (Give kind of work dane ring most of working life, even if retired) Seamstress 10b. KIND OF BUSINESS OR Blowsky Factory	11. BIRTHPLACE (County & State, ar fareign country) KEYSER, W.VA. 12. CITIZEN OF WHAT COUNTRY'S A
1	ROBERT SIMPSON	14. MOTHER'S MAIDEN NAME MARY ANDERSON
1	The second secon	MORIAL HOSPITAL, CUMBERLAND, MD.
	IB. CAUSE OF DEATH (Enter only one cause per line for (o), (h) and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stoting the underlying cause lost. (c)	Herrorbago INTERVAL BETWEEN OWET AND DEATH OF THE TOP OF THE PASS
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	YES NO
CEPTIFICATION	20o. ACCIDENT WAS UNDERLYING ☐ CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Part I ar Part II of item IB.)
MEDICAL	20c. TIME OF INJURY Manth, Doy, Yeor Hour a.m. p.m. 19 20d. INJURY OCCURRED While of work at w	CCE OF INJURY (Hame, farm, tory, street, affice bldg., etc.) 20f. (City or town) (County) (State)
		t death occurred at 2:26P.Mom causes and on the date stoted obove.
	220. SIGNATURE R Company	111131
	22c. PHYSICIAN'S NAME (Type) L.LOUIS MOULD M.D.	1068 NATIONAL HIGHWAY, LA VALE, MD
2	Burial (REMATION, REMOVAL (Specify) May 8,1967 Mt. Zion Ce	metery Near Keyser, W.Va.
	James F. Scarpelli, Cumberland, Md.	MAY 1 7 1967 Clearles Judge

and 2 to FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours after death. after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hauş Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

. 2		06033	CERTIFICATE	OF DEATH	U	1200
er deoth Conergi 1 ord er death		PLACE OF DEATH O. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (Where a. STATE MARYL	deceased lived, if institution: Residence AND b. COUNTY AL	e before admission)
by the Pages Tours aff		b. CITY OR TOWN (If autside corporate limits, write CUMBER LEAN DWn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside of CUMBE	RLAND	21-1
filled in popers.		d. NAME OF HOSPITAL OR INSTITUTION (If not in h		d. STREET ADDRESS	OBERTS STREET	e. IS RESIDENCE ON A FARM? YES NO
ed within pletely f corbon ent, with		NAME OF DECEASED (Type or print) ERNEST	Middle L.	LEE	DATE MAY MONTH DEATH	5 Year 67
ertificate be executed within physicion and completely from please remove carbon ovol, and in any event, with		MALE WHITE W	DOWED DIVORCED	MAY 13, 1	893-73 Aday R Smanths	Days Haurs Min.
cion or eose ra	dur	USUAL OCCUPATION (Give kind of work done ng mast af warking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stote WEST VIRG		IZEN OF WHAT
th certifica ling physi Then plantement removol,		FATHER'S NAME WILLIAM LEE		14. MOTHER'S MAIDEN NAME REBECCA S	HAHAN	
ottending permit. The	1S. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, ar unknawn) (If yes give war ar dates af servi	(e) 16. SOCIAL SECURITY NO. 17. II MEN	NFORMANT MORIAL HOSPI	TAL, CUMBERLAN	ND, MD.
equires that the death certificate be executed within 24 hours physician. signed by the ottending physician and completely filled in by buriol-tronsit permit. Then please remove carbon papers. Paburiol, cremation, or removal, and in any event, within 72 hours		18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove) (b)	mjocardi	this De	is megrensatur	INTERVAL BETWEEN ONSET AND DEATH
e low requirenting phase been signed as the burbrior to bur		rise ta immediate cause (a), stoting the underlying couse DUE TO (c)				
는 아 는 아 스	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIL				19. WAS AUTOPSY PERFORMED? YES NO
rsician ospitol certifica ned for t. of He	L CERTIFICATION	20a. ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I	ar Part II of item 18.)	
G PH the har this detoc	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur a.m. p.m. 19	While Nat While facto	E OF INJURY (Hame, farm, ry, street, affice bldg., etc.)		inty) (State)
ATTENDIN stained by CTOR: After should be ith the Storic		21. I certify that (I) (this haspital) saw the deceased alive an	attended the deceased fram	death accurred at_	550 A. M. May 519 M, fram causes and an th	that (I) (we) last the date stated above.
OR ATTE be retaine DIRECTOR: ge 3 shoul led with th		220. SIGNATURE preson	turrett MD		TOR PHYS. 57	TE SIGNED /67
SPITAL O 4 moy be IERAL DII or, poge d be filed		22c. PHYSICIAN'S NAME (Type) DR. RICHAI		22d. CUMBERLA		
TO HOSPITAL OR. Poge 4 may be re TO FUNERAL DIREC director, page 3 should be filed w		BURIAL CREMATION, 23b. DATE THEREOF REMOVAL (Specify May 8,19		apel	Rowlesburg, W.	(County) (State)
VR A15 (4) 25M 1/67	24	James F. Scarpelli,	ADDRESS Cumberland, Md.	2So. REC'D BY R	EGISTRAR 2Sb. REGISTRAR'S SI	GNATURE

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James L. Benerall, Bankon L. St.

to the statement site dominal

after death.

24 hours

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

00003	OLK III IOAT	L OI DEATH		
1. PLACE OF DEATH- a. COUNTY ALLEGANY	MARYLAND	a STATE	CE (Where deceased lived, If institute b. COUNTY	tion: Residence before admission) ALLEGANY
b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b		outside corporate limits, write	
write RURAL and give nearest town)	51 DAYS	CUMBERLAND		01.1
d. NAME OF HOSPITAL OR INSTITUTION (if not in h	iospital, give street address)	d. STREET AODRESS		e. IS RESIDENCE
SACRED HEART HOSPITAL		216 SARATO	GA ST.	ON A FARM? YES NO X
3. NAME OF FIRST DECEASED (Type or print) MARY	Middle R. I	Last LINNANE	4. BATE Month OF BEATH MAY	Day Year 19 19 67
5. SEX 6. COLOR OR RACE 7. MARRIEO	NEVER MARRIED 1	B. DATE OF BIRTH		JNDER 1 YEAR IF UNOER 24 HRS.
FEMALE WHITE WIDOWED	OIVORCEO 1	10/6/96	70 yrs.	onths Oays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	KINO OF BUSINESS OR NOUSTRY	ALLEGANY,	ounty & State, or foreign country) MARYLAND	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAID	EN NAME	
JANES MORGAN		ELLEN TEMP		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (Yes, no, or unkown) (If yes give war or dates of service)	SOCIAL SECURITY NO. 17.	INFORMANT	Address	
NO	HOS	SPITAL RECOR	SACRED HE	ART HOSPITAL
PART I. DEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a)	line for (a), (b), and (c).]	of Check		INTERVAL BETWEEN ONSET ANO DEATH
Conditions, If any, which gave rise to immediate	orday Fadil	kin Reach	in a Celluly	is
cause (a), stating the underlying cause last.	istala bus	ical da	2 Fi. 0	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS 20a. ACCIOENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	UTING TO OEATH BUT NOT RELA	TEO TO THE TERMINAL C	DISEASE CONDITION GIVEN IN PAR	RT 1(a) 19. WAS AUTOPSY PERFORMEO? YES NO
	DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature of	finjury in Part I or Part II of It	em 18.)
20c. TIME OF INJURY Month, Oay, Year 20d. Hour a.m. While p.m. 19 at wor	mot while m	CE OF INJURY (Home, fa ry, street, office bldg., e	erm, 20f. (City or town)	(County) (State)
21. I certify that (I) (this hospital) attend	ded the deceased from	3/29 1	967 to 1/19	19 67, that (I) (we) last
saw the deceased alive on 5/19		death occurred at	M, from the causes and	
22a. SIGNATURE J. Mi-him	DE- 8 100 M.D		MEO. STAFF DIRECTOR PHYS.	21 G7
22c. PHYSICIAN'S NAME (Type) A. J. Mirkin	t seathery.	22d. ADDRESS		
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR OREMATORY	23d, LOCATION (City, town	or county) (State)

AODRESS

REGISTRAR'S SIGNATURE

REC'D BY REGISTRAR

25a.

25b.

AI5

FUNDERAL OIRECTOR

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

1/65

TO HOSPITAL

MARKON 23Miles

JATARON TAKEN TERRA

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21 8400014 51.

4. . .

the funeral directar. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page with the State Department of within 77 haurs after death delay is in pencil in Item 18. Give Pages 1, 2, and 3 ta TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If "pending" necessary, please execute the certificate, writing the ward

Health ar its designated agent, priar ta burial, cremation, or remaval, and in any event 5 may be retained far yaur files. **TO FUNERAL DIRECTOR:**Page 3 shauld be used as a burial-transit permit. File pages 1 and 2/

VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06040 ME	DICAL EXAMINER'S	CERTIFICATE O	F DEATH	{)6029
1. PLACE OF DEATH a. COUNTY Allegany	MARYLAND	A STATE	Where deceased lived, if institute b. COI	UNITY	befare admission) Regany
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If au	utside corporate limits, write RI	URAL and give n	neorest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 81 Greene St.	l, give street address)	d. STREET ADDRESS 81 Green	e St.		e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF First DECEASED (Type or print) Blanche	Middle	Lippold		nth	Doy Year 7 19 67
S. SEX 6. COLOR OR RACE 7. MARRIEI Female White WIDOWEI	I HE FER HANKED	B. DATE OF BIRTH Oct. 9, 189	9. AGE (In years	IF UNDER 1 Y Manths D	YEAR IF UNDER 24 HRS. Days Haurs Min.
	KIND OF BUSINESS OR INDUSTRY RWY.	Barton, M 14. MOTHER'S MAIDEN	or foreign country)	12. CITIZI COUN U	EN OF WHAT
William H. Thomas		Elizabe	th P. Turnbul	'e	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) (If yes give wor or dates af service)		George Tho	mas 4126 N. 2	less Arli 16th Rd.	ington, Va. 22207
IB. CAUSE OF DEATH (Enter only one cause per line f PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ar (a), (b), and (c).)				INTERVAL BETWEEN SUDDEN
Canditians, if any, which gave rise to immediate cause (a), stoting the underlying cause last.	COR	ONARY SCLEI	ROSIS		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH	G TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	NDITION GIVEN IN PART 1(a)		19. WAS AUTOPSY PERFORMED? YES NO
20b. PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Part I ar Part II af item IB.)		
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 atw		CE OF INJURY (Hame, form ary, street, office bldg., etc.)		(Count	ty) (State)
21. I certify that I took charge of the rideath resulted fram: Natural causes	emains described above, he Accident Suic	ide, Hamicide CHIEF MEDICALM.D. ASSISTANT MED DEPUTY MEDICA	Undetermined r	manner .	22. DATE SIGNED L967 d. Maryland
230. BURIAL, CREMATION, 23b. DATE THEREOF 5/11/67	23c. NAME OF CEMETERY OR SS. Peter & 1	crematory Paul Cem.	23d. LOCATION (City or T Cumberland,	lown) (Co	ounty) (Stote) Bany Md.
24. FUNERAL DIRECTOR H. Wayne George Cumber	ADDRESS cland Maryland		D BY REGISTRAR 2Sb. F	REGISTRAR'S SIGN	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

ALLEGANY

e. IS RESIDENCE ON A FARM?

IF UNDER

YEAR

12 CITIZEN OF WHAT

GUNTRYS

YES NO DE

Year

IF UNDER 24 HRS

Hours

INTERVAL BETWEEN

ONSET AND DEATH

19. WAS AUTOPSY PERFORMED?

NO

(State)

(State)

YES

(County)

22b. DATE SIGNED

(County)

67

CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY ALLEGANY MARYLAND MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) DAYS CUMBERLAND CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS 468 BALTIMORE AVENUE MEMORIAL HOSPITAL NAME OF First Middle 4. DATE Last DECEASED MAY MARGARET LITTEN A. (Type ar print) DEATH SEX 6. COLOR OR RACE AGE (In years 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH remove last birthday) WHITE FEMALE 6-14-92 and in any WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) HOME HOME during most of working life, even if retired) MARYLAND-CUMBERLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, MOONEY. ANDREW J. DIGAN. JOHANNA M. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na, or unknown) ((If yes give war or dates of service) CUMBERLAND, MD. 215-16-4492 MEMORIAL HOSPITAL. crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: burial-transit IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate couse (a). DUE TO far use as the t Health priar ta t stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) of Health 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) Haur a.m. factory, street, office bldg. Not While 21. I certify that (1) (this haspital) attended the deceased fram 193:00 directar, page 3 shauld shauld be filed with the saw the deceased alive an and that death accurred at M, fram causes and an the date stated above 22a. SIGNATURE STAFF ATTENDING DIRECTOR CUMBERLAND, MD. DR. S. G. WEISMAN 23o. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) Burial (Specify) St. Mary's Cemetery

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending certificate has DIRECTOR: TO FUNERAL

VR A15 (4)

Cumberland, Md. Allegany 25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE James F. Scarpelli, Cumberland, Md.

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Berlin Barr				

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

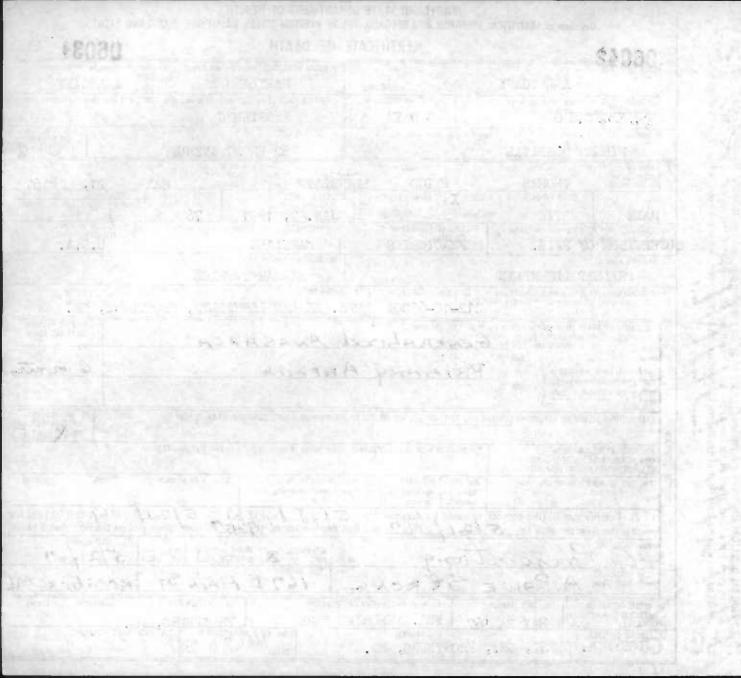
		מפחנים			CERTIFI	CATE	OF DEATH			08	031				
		PLACE OF OEATH o. COUNTY	ALLLEGAN	Y	MARYL	AND	2. USUAL RESIDENCE (1 0. STATE MARY		lived, if institution b. COUNT	n: Residence before odmission) ALLEGANY					
	ł	b. CITY OR TOWN (I	f outside corporate limits, give negrest town)		c. LENGTH OF STAY IN 3 DAYS	1b		rside corporote l	imits, write RUR	e RURAL ond give neorest town)					
7	(AL OR INSTITUTION (If not	in hospital, g	ive street oddress)		d. STREET ADDRESS	ROST AV	ENIE		e. IS RES ON A YES	FARM?			
	(NAME OF OECEASEO (Type or print)	THOMAS	1	Middle PRICE	LIE	Lost 4. DATE Month OF DEATH MAY				Doy Y	ear			
	S. S			7. MARRIED 3			JAN. 7, 18	9. A	GE (In years post birthday) 76 yrs.	IF UNDER 1 YE Months Do	AR IF UND	ER 24 HRS.			
3	10o.	Do. USUAL OCCUPATION (Give kind of work done 10b.			ND OF BUSINESS OR DUSTRY RACTORIES	<u> </u>	11. BIRTHPLACE (County MARYLAN	& Stote, or foreig	1.4	12. CITIZE	N OF WHAT				
			IP LLEWELLY					NAME ET PRICI							
	15. (Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give wor or dotes of service) 12-10-6300A 17. INFORMANT Address MRS. BEULAH LLEWELLYN, FROSTBURG,													
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) GEMERALIZED ANASARCA DUE TO										DEATH TEATH			
/	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. W PE YES										NO			
	L CERTIFICATION	20o. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCC	CURRED. (Enter noture of injury in	Port 1 or Port II	of item 18.)						
	MEDICAL	20c. TIME OF INJU Hour o.n p.n	10	20d. IN While of work	Not White		E OF INJURY (Home, forr bry, street, office bldg., etc.		City or town)	(County	7)	(Stote)			
			fy that (I) (this hosp eceased alive on		ded the deceased f	ramand that	deoth occurred of		from couses of						
1		22c. PHYSICIAN'S NAME (Type) A. PAIGE STRONG 167. E. MAIN ST-FROST BURG													
0		BURIAL, CREMATIC REMOVAL (Specify BUIL LAL	ON, 23b. DATE THER	REOF	23c. NAME OF CEMET FBG. MEMO				TION (City or Tov	vn) (Co	unty)	(Stote)			
0	_	FUNERAL DIRECTO	2.70		ADDRESS	7.00		PAY REGISTRAR		Cliant		Lap			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely tilled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

06043		CERTIFICA	TE OF DEATH	1	06032			
1. PLACE OF OEATH e. COUNTY	ALIEGANY	MARYLAND	a. STATE MA	CE (Where deceased lived, If Institution: FARYLAND b. COUNTY A)	Residence before admission) LLEGANY			
FROSTBU		c. LENGTH OF STAY IN 1	c. CITY OR TOWN (III	f outside corporate limits, write RURAL ROSTBURG	01.1			
d. NAME OF HOS	SPITAL OR INSTITUTION (if not in	hospital, give street addre	ss) d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?			
	LSTREET		48	MILL STREET	YES NO			
3. NAME OF DECEASED (Type or print)	HENRY	Middle F.	LLOYD		Day Year 1967			
5 SEX	6. COLOR OR RACE 7. MARRIE	O NEVER MARRIEO	8. OATE DE BIRTH	9. AGE (In years IF UNDER last birthday) Months	Oays Hours Min.			
MALE	WHITE WIDDWE	and I	OCT. 12, 19	901 65 yrs.				
10a. USUAL OCCUPAT during most of worki	IDN (Give kind of work done 10b.	KIND OF BUSINESS OR INOUSTRY	11. BIRTHPLACE (C		ITIZEN OF WHAT OUNTRY?			
	NGINEER. DEPT.CE	LANESE CORPORA			S.A.			
13. FATHER'S NAM	E		14. MOTHER'S MAII	DEN NAME				
	LLOYD			ARET PATTERSON				
15. WAS OECEASEO	EVER IN U.S. ARMED FORCES? 1	6. SOCIAL SECURITY NO. 1	7. INFORMANT	Address				
YES	WW1 2	14-07-6607A	HENRY LLOYD,	FROSTBURG, MD.				
18. CAUSE OF	DEATH [Enter only one cause pe	r line for (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND OBATH			
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Conges	live H	earl fackure	Tday-			
4221	DUE TO		,	70 7	1.1-			
Conditions, If	(0)	sever 15m	ouched	chial asthmatic				
gave rise to cause (a), st underlying caus	tating the DUE TD	CUD						
PART II. DTHERS		BUTING TO DEATH BUT NOT R	ELATED TO THE TERMINAL	OISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTDPSY PERFORMED? YES ND			
DR CONTRIBUTI	WAS UNDERLYING 20b. NG CAUSE OF DEATH TIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY D	CCURRED. (Enter nature o	f Injury In Part I or Part II of Item 18	3.)			
20c. TIME DF I Hour a.n	n. Whi	ie - Not while	PLACE OF INJURY (Home, f actory, street, office bldg., a		unty) (State)			
	v that (I) (this hospital) atter	nded the deceased from_	Jan 1	962 to may 10, 191	65, that (I) (we) last			
	ceased alive on 5 / 1	. / \	that death occurred at.	2 P.M. from the causes and on t				
22a. SIGNATOR	John B	2			12 65			
22c. PHYSICM NAME (T)	mal .	AVIS, M. D.	22d. AOORESS 2 BROAD	WAY, FROSTBURG, MD.				
23a. BURIAL, CREM	ATION, 23b. OATE THEREOF	23c. NAME DE CEMET	ERY OR CREMATORY	23d. LOCATION (City, town or co	unty) (State)			
23a. BURIAL, CREM REMOVAL (Spe BURIAL	MAY 13. 1967	FBG. MEMORIA	I PARK	FROSTBURG, MD.				
24. FUNERAL DIRE	CTOR	ADDRESS	25a. RE	C'O BY REGISTRAR 25b. REGISTRAR	S SIGNATURE			
JOSEPH	R. DURST, SR.,	FROSTBURG, MD.	DATEVIA	1 15 1961	7			

A15 15 (4) 1/65

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the foneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any eyent, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.

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FOR ST	
HEALTH	DEPT.
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necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and the functial director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages I and Zwith the State Department of Health are its destinated open mains to hurial cremation or removal and in one event when the pages of the pages.

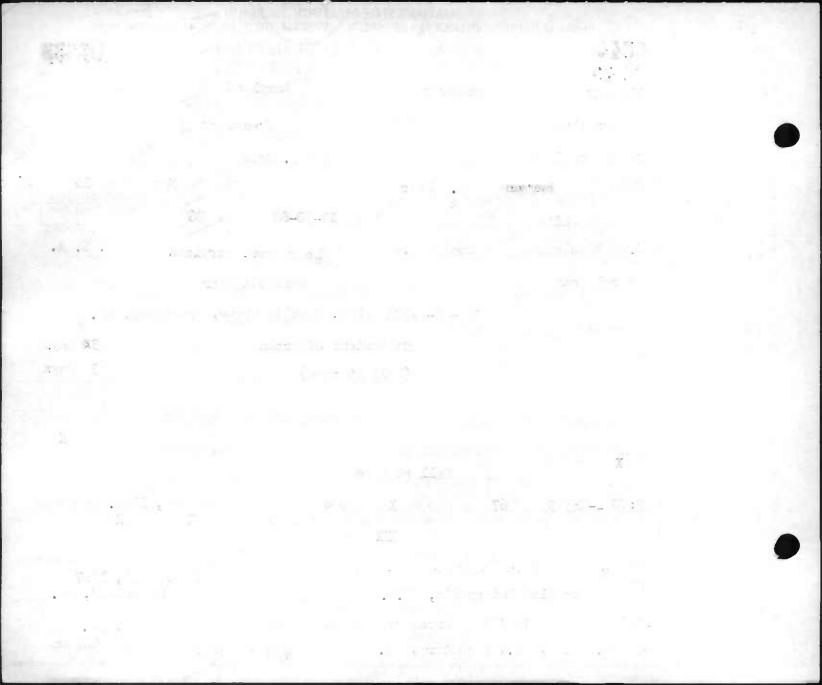
This certificate should be executed within 24 hours after death.

CAL EXAMINER:

TO DEPUTY

a. COUNTY			O. STATE	(Where deceased lived, if i	COUNTY ATTOCOMY					
Allegany										
write RURAL and give nearest	tawn)	2 days								
d. NAME OF HOSPITAL OR INSTITUT	TION (If not in haspital, giv	e street address)	d. STREET ADDRESS	AN THE STATE OF	e. IS RESIDENCE					
Miners Hospita	al		308 E. Ma	in	ON A FARM?					
3. NAME OF	First	Middle	Last	4. DATE	Manth Doy Year					
(Type or print) B1	urman T.	Loar			ay 12 19 67					
	the same of the sa	C. CITY OR TOWN (If outside corporate limits, write RURAL and give Prostburg								
M White	WUD OUTED T	_	12-30-80	WAIN A DATE Month Doy DEATH 9. AGE (In years birthday) Town Maryland MAIDEN NAME Tiett Loar Address La Crowe, Frostburg, Md EASE CONDITION GIVEN IN PART 1(a) A DATE Month Doy DEATH Address La Crowe, Frostburg, Md EASE CONDITION GIVEN IN PART 1(a) Frostburg, Alleg, Maryland MEDICAL EXAMINER ANT MEDICAL EXAMINER AND	ay) Months Days Hours Min.					
Allegany B. CURY OR TOWN (If outside corporate limits, worthe RUPAL and give nearest frown) Prostburg d. AMAR OF HOSPITAL OR HISTORIUM (If not in hospital, give street oddress) AMAM OF HOSPITAL OR HISTORIUM (If not in hospital, give street oddress) J. AMAM OF HOSPITAL OR HISTORIUM (If not in hospital, give street oddress) J. AMAM OF HOSPITAL OR HISTORIUM (If not in hospital, give street oddress) J. AMAM OF HOSPITAL OR HISTORIUM (If not in hospital, give street oddress) J. AMAM OF HOSPITAL OR HISTORIUM (If not in hospital, give street oddress) J. AMAM OF HOSPITAL OR HISTORIUM (If not in hospital, give street oddress) J. AMAM OF HOSPITAL OR HISTORIUM (If not in hospital, give street oddress) J. AMAM OF HOSPITAL OR HISTORIUM (If not in hospital, give street oddress) J. AMAM OF HOSPITAL OR HISTORIUM (If not in hospital, give street oddress) J. AMAM OF HOSPITAL OR HISTORIUM (If not in hospital, give street oddress) J. AMAM OF HOSPITAL OR HISTORIUM (If not in hospital, give street oddress) J. AMAM OF HOSPITAL OR HISTORIUM (If not in hospital, give street oddress) J. AMAM OF HOSPITAL OR HISTORIUM (If not in hospital, give street oddress) J. AMAM OF HOSPITAL OR HISTORIUM (If not in hospital, give street oddress) J. AMAM OF HOSPITAL OR HISTORIUM (If not in hospital, give street oddress) J. AMAM OF HOSPITAL OR HISTORIUM (If not in hospital, give street oddress) J. AMAM OF HOSPITAL OR HISTORIUM (If not in hospital, give street oddress) J. AMAM OF HOSPITAL OR HISTORIUM (If not in hospital, give street oddress) J. AMAM OF HOSPITAL OR HISTORIUM (If not in hospital, give street oddress) J. AMAM OF HOSPITAL OR HISTORIUM (If not in hospital, give street oddress) J. AMAM OF HOSPITAL OR HISTORIUM (If not in hospital, give street oddress) J. AMAM OF HOSPITAL OR HISTORIUM (If not in hospital, give street oddress) J. AMAM OF HOSPITAL OR HISTORIUM (If not in hospital, give street oddress) J. AMAM OF HOSPITAL OR HISTORIUM (If not in hospital, give street oddress) J. AMAM OF HOSPITAL OR HISTORIUM (If not in	12. CITIZEN OF WHAT									
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		L ALLEIO	14. MOTHER'S MAIDEN	NAME						
Jacob Lear										
15 WAS DECEASED EVER IN U.S. ARMED	D FORCES? 16. SO	CIAL SECURITY NO. 17	. INFORMANT	to roar	Address					
(Yes, no_ar unknown) (If yes give war	es no ar unknown). ((If yes give war ar dates of service))									
			ra. Moverra	Crowe, Fros	INTERVAL BETWEEN					
DADY I DEATH MAC CAUCE	D DV		C D d		ONSET AND DEATH					
9040 IMMEDIA		Contusi	ons of Brain		Davs					
/ -		(Fall a	t Home		3 Days					
rise to immediate cause (a),	(6)	Lall a	c nome)		3 - 30					
stoting the underlying cause (stating the underlying cause									
PERFORMED?										
\$					YES NO					
□ 20a. EXTERNAL CAUSE WAS □ PRIMARY OF CONTRIBUTING □	20b. DESCI	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Part I or Part II of item	B.)					
CAUSE OF DEATH.		Fell at Home								
20c. TIME OF INJURY Month, Do	y, Year 20d. INJU	JRY OCCURRED / 20e. P			wn) (County) (State)					
9:00 nm May 9	19 67 at wark	nat While		Frostburg	g.Alleg. Marvland					
dean resolica fram.	Marorar caoses (2)	"Accident KAL St			ed manner					
ACTUAL	1. + 16	Taledia	ASSISTANT ME		22. DATE SIGNE					
, , ,	MAA XIKI	week	M.D. ASSISTANT ME		PV 12. 1967					
NAME (Type) Renedi	ict Skiterel	ic M D								
Description of the second					1 11 11					
	, ,, ,, ,,	ADDRESS ME		'D BY REGISTRAR 2	Sh REGISTRAR'S SIGNATURE					
Joseph R. Durst.	Cn Frant	1			Walter of the same					
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MARYLAND STATE DEPARTMENT OF HEALTH

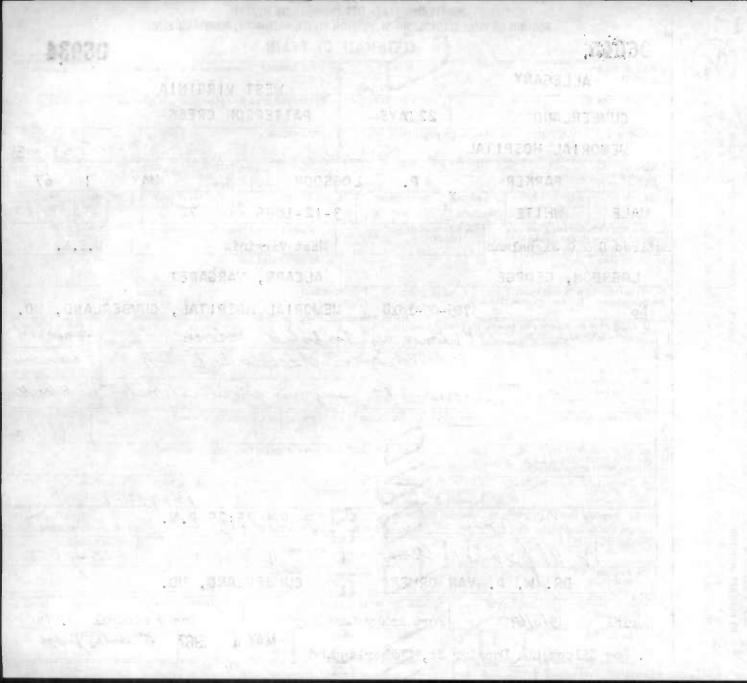
		DIVISION	OF VITAL R	ECORDS, 301 W.	PREST	ON STREET, BALTIMO	ORE, MAR	YLAND 21201						
	06045			CERTIFI	CATI	OF DEATH	OF DEATH							
		ALLEGANY		MARY		2. USUAL RESIDENCE (VO. STATE	TVIR	GINIA	ITY			n)		
		f outside corporate limit	s,	c. LENGTH OF STAY IN	N 16	PATTER		te limits, write RUR	write RURAL and give nearest tow					
			ION (If not in haspital, give street address) d. STREET ADDRESS							e. IS RESIDENCE ON A FARM? YES NO				
	NAME OF DECEASED (Type or print)	PARKER	PARKER P. LOGSDON 4. DATE Month OF DEATH MAY					Y	Doy Year 67					
	MALE	6. COLOR OR RACE WHITE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		8. DATE OF BIRTH 3-12-1895	9.	AGE (In years lost birthday) yrs.	Manths 1	YEAR Days	Hours	Min.		
ur	ing most of working tired B	(Give kind of work done life, even if retired) & O Signalin	ian 10b. Kl	ND OF BUSINESS OR DUSTRY		West Virg	inia	eign country)		12. CITIZEN OF WHAT COUNTRY?				
		ON, GEORG				AL CARR,	MARG							
(Y)	was deceased eve es, na, or unknawn) No	R IN U.S. ARMED FORCES? (If yes give war or dates o	of service)	5-05-1818	17.	MEMORIAL I	HOSPI	TAL, CU	IMBERI	AN	D, 1	ND.		
	PART I. DEAT	ATH (Enter anly one cau H WAS CAUSED BY: IMMEDIATE CAUSE	PI	Umonony		impolis,					RVAL BETV			
	Conditions, if ony, rise to immediate	which gove)	10 acc	it This	nle	- phletit	is L.	L. leg		48	10	ne		
	stating the under	The state of the s	(c) Care	momes Rt	· Co	my mit 9	esoul	inger m	etorto	ne	8 m	reki		
ALICIN	PART 11. OTHER SIG	GNIFICANT CONDITIONS Q	ONTRIBUTING T	O DEATH BUT NOT RELA	ATED TO	THE TERMINAL DISEASE COI	NDITION GIVE	N IN PART I(a)		19. YE	WAS AUTO PERFORME S	PSY ED? NO		
LUCKIILIN	20o. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)		20b. DE	SCRIBE HOW INJURY OC	CURRED.	(Enter noture of injury in	Part I ar Part	t II af item 18.)						
MEDICA	20c. TIME OF INJU Haur a.n p.n	10	20d. 1N While at wark	JURY OCCURRED Nat While at work		ACE OF INJURY (Hame, farm tary, street, affice bldg., etc.)		(City or town)	(Cour	nty)	(5	Stote)		
	saw the de	y that (I) (this has ceased alive on	pital) attend	led the deceased t	fram_l nd the	guly 66, 1 death accurred at	95:25 725 M	, fram causes	and on th	e date				
	220. SIGNATUR	r. alfre	V V	2 Orma	M.	D. ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. DA	TE SIGNE		7		
_	22c. PHYSICIAN'S NAME (Type)	DR./W.	A. VAI			CUMBE								
	BURIAL, CREMATIC REMOVAL (Specify) Burial	5/4/67	EREOF	Fort Ashb		emetery	Fort	CATION (City or Tov	linera		V. Va	tote)		
24	I. FUNERAL DIRECTO	R		ADDRESS		2500 RECV	BY REGISTR	ABC 7 25b. 04	OUTRAR'S SH	SNATURE	100			

250 MAY 4 REGISTRAP 67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deat **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the fung director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 far should be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after de Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 25M 1/67

H. Lee Silcox 404 Decatur St, Cumberland, Md

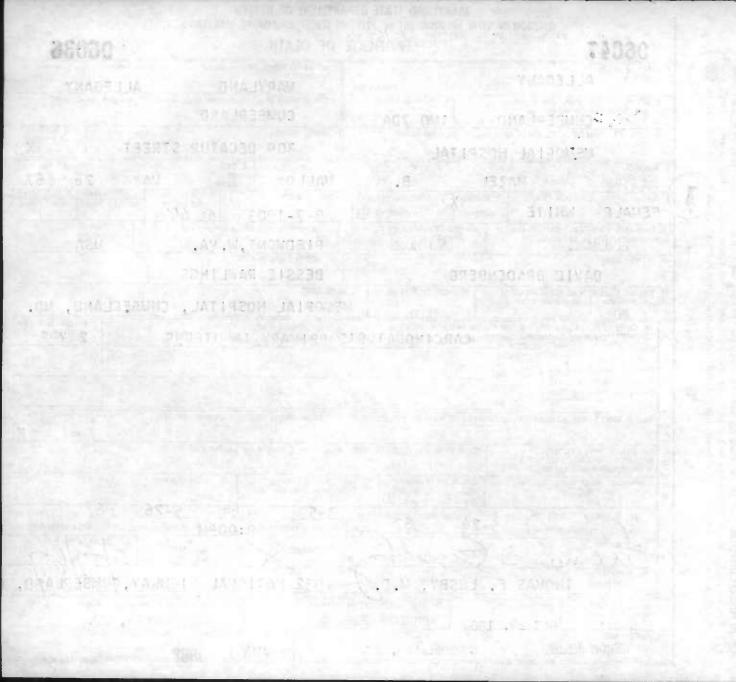


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06046 CERTIFICATE OF DEATH 24 hours after death by the funeral Pages 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Allegany Maryland Allegany MARYLAND b. CITY OR TOWN (If outside corporate limits, rural Westernport c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 63 Yrs rural Westernport e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS campletely filled in carban pap YES NO 1 that the death certificate be executed within NAME OF First Middle 4 DATE Last Manth Day Year DECEASED Samue1 John Machin May 24 (Type or print) 19 67 DEATH S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED ev lost birthday) Haurs in any Male White WIDOWED DIVORCED June 29, 1886 pup 1Do. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) Coal Mine COUNTRY? physician nen please pup Garrett Md 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME remaval John T. Machin Emma Handley attending property of the 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address signed by the attendi burial-transit permit. (Yes_no_orunknown) (If yes give wor or dotes of service) 216-07-7244 Emma Stemp-Cumberland, Md. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: NTERVAL BETWEEN ONSET AND DEATH DUE TO Chronie Branchitis with Asthms 20 Years Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse as the been last. 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) has Health p PERFORMED? NO X certificate ATTENDING PHYSICIAN: 2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH r this certif Dept. af (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While TO FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased from March 10, 1965, to May 24, 1967, that (1) (we) last be retained May 231967, and that death accurred at 7:45 AM, fram causes and an the date stated above. saw the deceased alive an_ 22o. SIGNATURE 22b. DATE SIGNED STAFF PHYS. M.D. DIRECTOR PHYS director, page should be filed 22d. ADDRESS Piedmont, W.Va. 22c. PHYSICIAN'S O HOSPITAL Paul R. Wilson NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) (Stote) May 26.1967 Philos Md. ADDRESS 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR Westernport, Md.

1510 TA 100HIFE) - 150 -YI - - -TOURS OF SHOULD . . . palating at the second of the .M. Markerson State (Mr. M. M. Apple A SIE!

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
Item #9 Film #G389 CERTIFICATE OF DEATH

A		06047 CERTIFICAT	E OF DEATH	06036						
		COUNTY ALLEGANY MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Reside o. STATE MARYLAND ALL	nce before admission) GANY						
0 6		o. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND 1MO 7DA	c. CITY OR TOWN (If outside corporate limits, write RURAL and gi							
= = ~		I. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?						
en please remave carbon paper. oval, and in any great, within 72		MEMORIAL HOSPITAL	309 DECATUR STREET	YES NOX						
THE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED	1	NAME OF First Middle DECEASED Type or print) HAZEL B.	MALLOY OF MAY	Doy Year 26 1967						
Nuo Nuo	17	FEMALE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthdoy) 63 64/yrs.	Doys Hours Min.						
ond in c	10o dur	USUAL OCCUPATION (Give kind of wark done ng most of warking life, even if retired) HOUSEWIFE OWN HOME	11. BIRTHPLACE (County & Stote, or foreign country) PIEDMONT, W. VA.	OUNTRY?						
removal, o	13.	DAVID BRADENBERO	14. MOTHER'S MAIDEN NAME BESSIE RAWLINGS							
0	15. {Ye	no or unknown). (If we give were of detector of convice)	MEMORIAL HOSPITAL, CUMBERI	AND, MD.						
cremotion, or remo		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	S-PRIMARY IN UTERUS	INTERVAL BETWEEN ONSET AND SEATH						
1 -		/74 X DUE TO Conditions, if ony, which gove) (b)								
prior to buriol		rise to immediate couse (o), stoting the underlying couse								
ior t		(c)		Lia was auxonsy						
d ulip	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO						
t. of He	L CERTIFICATION	200. ACCIDENT WAS UNDERLYING ☐ CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)). (Enter noture of injury in Port I or Port II of item 18.)							
State Dept.	MEDICAL		ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	ounty) (Stote)						
the		21. Leertify that (I) (this haspital) attended the deceased fram 3-5, 19-64, ta 5-26, 19-67, that (I) (we) la say the deceased alive an 5-26 19-7, and that death accurred at 9:00 Maram causes and an the date stated above								
3 should with the	<	220 JIGHATURE	ATTENDING MED. STAFF 22b. I	ATE SIGNED						
pe filed		22c. PHYSICIAN'S NAME (Type) THOMAS F. LUSBY, M.D.	22d. ADDRESS 932 NATIONAL HIGHWAY, QU	JMBERLAND.						
should b	230	BURIAL (Specify) BURIAL MAY 29, 1967 PHILOS CEM		(County) (Stote)						
g (4)	24	FUNERAL DIRECTOR ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S							
. Ch.		BYRON KIGHT CUMBERLAND, MD.	DATEJUN T 1967 OCL	1. 0						



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	06048				CERTIF	ICATE	OF DE	ATH	,			05	037		
	PLACE OF DEATH o. COUNTY A 1	EGANY			MAR	YLAND	2. USUAL RE o. STATE	MARY	Where dece	osed lived, if	institutio b. COUNT	rv .			n)
	write CUME	ERLAND	n)		4 DAYS									wn)	/
		A TIEGANY ATTEGANY MARYLAND ARRYLAND BUDDING COLOR (If not in hospital), give street oddress) A DAYS MEMORIAL HOSPITAL First MIDDOWED DOSEPH ARRIED ARREND ARRIED DOSEPH ARRIED DIVORCED ARREND DIVORCED BALLOY BEATH ARREND DIVORCED BALLOY BEATH ARREND BALLOY BEATH ARREND DIVORCED BALLOY BEATH ARREND BALLOY BEATH ARREND BALLOY BEATH MALLOY BEATH MACHERS MADDRESS ARREND BALT OF BIRTH COUNTRY? ARREND DIVORCED DIVORCED BALT OF BIRTH COUNTRY? ARREND DIVORCED DIVORCED BALT OF BIRTH BALLOY BEATH ARREND BALT OF BIRTH COUNTRY? ARREND BALT OF BIRTH COUNTRY? ARREND BALT OF BIRTH COUNTRY? ARREND BALT OF BIRTH BALLOY BEATH MACHERS MADDRESS ARREND BALT OF BIRTH COUNTRY? BALT OF BALT OF BIRTH COUNTRY? BALT OF BALT OF BIRTH COUNTRY? BALT OF BALT OF BALT OF BIRTH COUNTRY? BALT OF BA	S RESID												
	NAME OF DECEASED (Type or print)		JOSEP		L		MALL		OF	DF 188V 94					67
	IALE	WHITE	WIDO	WED 🗌	DIVORCE		6-2-0	2		los 6 birth	nday) yrs.	Months	Doys I	lours	Min.
dur	ng most of working						MT.	SAV	AGE,	,	Y)		OLINTRY ?		Α.
				1/ 50511			А			LS					
	s, no, or unknown)	(If yes give wor or	dotes of service)	14-0	5-4614			AL H	OSPI	TAL			ALANI	D,	MD.
	PART I. DEA' // 2 0/ Conditions, if ony rise to immediat stating the under last.	, which gove e couse (o), rlying couse	CAUSE (o) DUE TO (b) DUE TO (c)	Est	ente-l	ncesc	Cono	les C	Kasi	Messe	bles	en	ye.	AND D	数
CERTIFICATION	200. ACCIDENT WA	M	ellite	7					PE	AS AUTO	NO NO				
MEDICAL	20c. TIME OF INJU	URY Month, Doy, Y	eor 2	While	Not While					(City or t	own)	(Co	ounty)	(!	Stote)
	21. I certify that (I) (this haspital) attended the deceased fram 1963 19 h, that (I) (e) last saw the deceased alive on 5/11/67 19 , and that death accurred at 10P M, fram causes and an the date stated above.														
	22c. PHYSICIAN'S NAME (Type)	There	VERTON	HIL	MELWR I		. PHYS.	TAT	DIRECTOR	PHY	s. L	5	15/6	39	>
E	BURIAL, CREMATIC REMOVAL (Specify BUR TAT FUNERAL DIRECTO	5-1			PATRI		CEMETE		MT	. SAV	A CIE	100		,	ote)
24			ST, SR.	,]		RG, MI								Lee	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer. **TO FUNERAL DIRECTOR:** After this certificote has been signed by the attending physicion and completely filled in by he director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Page should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in only event, within 72 hours o Poge 4 moy be retained by the hospital or ottending physicion.

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and			Towns of the second sec

OCOLO FOR STATE HEALTH DEPT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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1	10033		MILDI	THE EVAMILIE	.17 3	CENTILICATE C	I DEATI		V	UUI	UU	
	ACE OF DEATH COUNTY	Allegany		MARYLA	ND.	2. USUAL RESIDENCE (a. STATE W	Va.	b. COU	NIY Min	eral	L	n) /
b.	CITY OR TOWN (I wite RURAL and Cumber	f outside corporote limit Loive negrest town) Land	s,	c. LENGTH OF STAY IN ?	1b	c. CITY OR TOWN (If or	Ashby	limits, write RUI	RAL and give		town)	
d.	NAME OF HOSPITA	A. Sacred				d. STREET ADDRESS					ON A EA	ENCE RM? NO
	AME OF ECEASED	Fi	irst	Middle	,	lost Marker	4. DATE OF	Mon	th ay	Doy 6	Yeo	67
S. SE	ype or print)	6. COLOR OR RACE	Ralph 7. MARRIED [Vernor NEVER MARRIED		B. DATE OF BIRTH		AGE (In years last bigthdoy)	IE UNDER Months		IE UNDER Hours	
10o. L	ale USUAL OCCUPATION	White		O OE BUSINESS OR		May 26, 19		Of yrs.	12. CI	TIZEN OE		
	Railroad Ret			ired Black	ksmi			, W. Va		UNTRY?	USA	
13. 1	Jacob Marker Atha Berry											
		R IN U.S. ARMED EORCES? (If yes give wor or dotes		OCIAL SECURITY NO.		NFORMANT r. Robert	O. Bil	Addr Lmyre,		Ash	by,	W.V
	IB. CAUSE OF DE PART I. DEAT	EATH (Enter only one co IH WAS CAUSED BY: IMMEDIATE CAUSE		o), (b), ond (c).) Coror	nary	Occlusio	on				RVAL BET	
	Conditions, if ony, rise to immediat stating the under last.	e couse (o), rlying couse	(b) TO (c)			ry Sclero						
ATION	PART II. OTHER SIGNIEICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) Lymphosarcoma										WAS AUTO PEREORM S	
CERT	20o. EXTERNAL CA PRIMARY ☐ or CO CAUSE OF DEATH.		20b. DESC	RIBE HOW INJURY OCC	URRED.	(Enter noture of injury in	Port I or Part	II of item 1B.)				
MEDICAL	20c. TIME OF INJU Hour a.r	URY Month, Doy, Yeor m.	While	Not While		CE OE INJURY (Home, for ory, street, office bldg., etc		(City or town)	(Co	unty)	(Stote)
	21. I certify that I taak charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my apinion death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner . ACTUAL ACCIDENT MEDICAL EXAMINER											
	EXAMINER'S NAME (Type)	Dr. Bened	ict Ski	tarelic,	M.]	DEPLITY MEDIC	CAL EXAMINER et, city, town, c					
230.	BURIAL, CREMATION REMOVAL (Specify Burial	ON, 23b. DATE TH	HEREOF 8,1967	23c. NAME OF CEMET		CREMATORY Cemetery		t Ashby		(County)		tote)
24. J	FUNERAL DIRECTO			ADDRESS			D BY REGISTRA	AR 2Sb. R	EGISTRAR'S Class	SIGNATUR	E	

VR A15ME (5) 6M 1/67

5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with me State Department of Funeral Director Page 3 should be used as a burial-transit permit. File pages 1 and 2 with me State Department of Funeral Director Page 3 should be used as a burial-transit permit.

Health priar to burial, crematian, ar removal, and in any event within 72 haurs after death.

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If

any delay is

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FOR STATE HEALTH DENT rector. Page your files.

TO DEPUTY MI.

ALL EXAMINER: This cartificate should be axecuted within 24 hours after death. If any dependence please execute the criticate, writing the word "pending" in pencil in Item 18. Give Pages 1. 2. and 3 to the funer factor. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages and with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and In any event within 18-Mours after death. VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH

4511511					1511511
1. PLACE OF DEATH •. COUNTY					ance before admission
	MEDUT HAVE				
b, CITY OR TOWN (if outside corporete limits,		Maryland	Ast de les encente filmite conte		
write RURAL end give neerest town)	c. LENGTH OF STAT IN 18	e. Citt Ok TOWN (If of	aisida corporata timits, writ	KUKAL and giv	a naerest town)
Oldtown Rural	20 vrs.	Oldtown	Maryland	31	/
d. NAME OF HOSPITAL OR INSTITUTION (if		d. STREET ADDRESS	and a management		e. IS RESIDENC
					ON A FARM
Oldtown Md.				nth Day nth Day 16 17 18 19 10 10 10 10 11 11 12 12 13 14 15 15 16 17 16 19 16 19 16 19 16 19 10 10 10 10 10 10 10 10 10	YES Y NO
NAME OF First DECEASED	Middla	Oldtown Md. Lest OF DEATH May 16 William Mc Bride 9. AGE (in years lest birthday) Months Days William Mc Bride 9. AGE (in years lest birthday) Months Days William Mc Bride 9. AGE (in years lest birthday) Months Days Find Divorced July 14. 1905 61 yrs. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stefe or foreign country) 12. CITIZEN OF West Virgina 14. MOTHER'S MAIDEN NAME Elsie Kidwell Address Cleo Mc Bride Oldtown Md. CORONARY OCCLUSION ST. CORONARY SCLEROSIS CORONARY SCLEROSIS CRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) H. INJURY OCCURED 200. PLACE OF INJURY (Home, ferm. 20f. (City or town) (Country) fectory, street, office bidg., etc.) ACID May 15. Inspection 14. Inquiry 16. Accident Suicide Homicide Undetermined manner Deputy Medical Examiner 17. Deputy Medical Examiner 18. Accident Suicide Homicide Undetermined manner Deputy Medical Examiner 18. Address (Street, city, town, or count Cumberland, Medical Street, 22d. LOCATION (City, town, or country) Pine Hill Cemetery Oldtown Md 9 1007 The Address Street 24e. REGISTRAR'S SIGNATU MAY 9 1007 The Address Street 24e. REGISTRAR'S SIGNATU MAY 9 1007 The Address Street 24e. REGISTRAR'S SIGNATU MAY 9 1007 The Address Street 24e. REGISTRAR'S SIGNATU MAY 9 1007 The Address Street 24e. REGISTRAR'S SIGNATU MAY 9 1007 The Address Street 24e. REGISTRAR'S SIGNATU MAY 9 1007 The Address Street 24e. REGISTRAR'S SIGNATU MAY 9 1007 The Address Street 24e. REGISTRAR'S SIGNATU MAY 9 1007 The Address Street 24e. REGISTRAR'S SIGNATU MAY 9 1007 The Address Street 24e. REGISTRAR'S SIGNATU MAY 9 1007 The Address Street 24e. REGISTRAR'S SIGNATU MAY 9 1007 The Address Street 24e. REGISTRAR'S SIGNATU MAY 9 1007 The Address Street 24e. REGISTRAR'S SIGNATU MAY 9 1007 The Address Street 24e. REGISTRAR'S SIGNATU MAY 9 1007 The Address Street 24e. REGISTRAR'S SIGNATU MAY 9 1007 The Address Street 24e. REGISTRAR'S SIGNATU MAY 9 1007 The Address Street 24e. REGISTRAR'S SIGNATU MAY 9 1007 The Address Street 24e. REGISTRAR'S SIGNATU MAY	y Yaar		
(Typa or print)	W4774 am	Ma Prida	DEATH	. 1	6. 1967
SEX 6. COLOR OF RACE 7	MADDIED TO NEVER MADDIED TO 8	DATE OF BIRTH		IF UNDER 1 YEA	
	44				
Male Wille	WIDOWED DIVORCED	July 14. 1905	. 01		
De. USUAL OCCUPATION (Give kind of work lone during most of working life, even if retired)	106. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stele or f	oreign country)	12. CITIZEN	OF WHAT COUNTRY
	Farmer West Virgina U. 14. MOTHER'S MAIDEN NAME Elsie Kidwell Address Address		**	0 4	
Narmer 3. FATHER'S NAME	Farmer	West Virgi	na	Uei	5.A.
, TATTER STAME		14. MOTHER 3 MAIDER NA.	WIL		
Luthen Mc Bride		Elsia Kidw	-11		
S. WAS DECEASED EVER IN U.S. ARMED FORCE					
(es, no, or unkown) (Ifyesgivewerordetesofser	vice)	Carrier Committee of the Committee of th			
No		Cleo Mc Bride	Oldto		
18. CAUSE OF DEATH [Enter only one c	ausa per line for (e), (b), end (c).				INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	CORONARY	OCCLUSTON			SUDDEN
1/2/07					JUDDIN.
DUE TO	CODONA	DV COLUDOCTO			
Conditions, if any, which (b)_	CORUNA	RI SCLERUSIS			
gave rise to immediate causa (e), stating the underlying DUE TO					
cause lest. (c)					
(6)	ONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL	DISEASE CONDITION GIV	FN IN PART I(a)	19. WAS AUTOPSY
TAKI II. OTILK SIGNIFICATO COTONI		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			PERFORMED?
					YES NO
	DESCRIBE HOW INJURY OCCURED.	Enter neture of injury in Pert I o	r Pert II of item 18.)		
PRIMARY OF CONTRIBUTING					
	1 204 INTERV OCCURRED L 20- BLA	CE OF INTITIPY / Home form !	206 (City on town)	(Country)	184-4-1
20c. TIME OF INJURY Month, Day, Yeer Hour e.m.			201, (City or fown)	(County)	(Steta)
p.m. 19					
	the remains described above, he	ld an Autopsy . Ins	pection X. Inqui	ry 📆 at	nd in my opinion
	-				ia iii iiiy opiiiloii
death resulted from: Natural cau	ses Accident , Suic	ide . Homicide .	J. Undefermined n	nanner	
1	, 11-, ,	CHIEF MEDICAL EXA	MINER _		
ACTUAL Genedic	t. M. Taralia	ASSISTANT MEDICA	L EXAMINER		DATE SIGNED
SIGNATURE STOCKE	- SKIMMENCE	M.D.		7/ 7	0/8
EXAMINER'S Demodiat CI	ddamalla M.D.				
		Address (Streat, city,	town, or count Cumbe	rland,	Maryland
2e. BURIAL, CREMATION. 22b. DATE THEREO REMOVAL (Specify)		R CREMATORY 22	d. LOCATION (City, town	, or country)	(Steta)
Burial May 19,	67 Pine Hill C				
3. FUNERAL DIRECTOR, A		24a. REC'D	BY REGISTRAR 246. REC	SISTRAR'S SIGN	ATURE
Taxia Mari O	0 / /	MAY MAY	3 9 1967	Charle	· Perder
Thurs were su	2. Lumi. 11	DATE	or IUUI /		1

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July 14, 1905 61 asidi alite

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1371708 CORONARY COCUMETON

SISORRIDS YEAROSOS

XX May 16, 1967

Cunberland, Maryland

Benedict Skitterelio, M.D.

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please vernove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.
	PIT	ERA or,
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	Pa	dir
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	MARYLAND STATE DEPARTMENT OF	HEALTH
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTO	N STREET, BALTIMORE 1, MARYLAND
06051	CERTIFICATE OF DEATH	00040

O O O O Z	- OI DEATH					
1. PLACE OF DEATH 9. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) o. STATE b. COUNTY					
Allegany MARYLAND	Maryland Allegany					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
McCoole 3 Wks	Cumberland 01:/					
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?					
McMullen Highway	749 Maryland Avenue YES ND X					
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year OF					
F AFY	McFarland DEATH May 19 19 67					
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Iast birthday) Months Days Hours Min.					
Female White WIDOWED DIVORCED	June 3, 1907 59 yrs. Morrais bays Hours Mill.					
1Da. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT					
during most of working life, even if retired) INDUSTRY	COUNTRY?					
Housewife	Maryland USA					
THE THIRD	14. MOTHER S MAIDER HAME					
Mark E. Free 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO, 17.	Emily Virginia Kuhn					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address 3, Box 41A					
	. Virginia Northcraft Keyser, W. Va.					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).1	I INTERVAL BETWEEN					
PART I DEATH WAS CAUSED BY.	ONSET AND DEATH					
IMMEDIATE CAUSE (a) 17 Celastice COL	unoma from 14.					
170X DUE TO D. A.	(() () () () ()					
Conditions, if any, which (b) hist. Therest	(Carundon seu hom) 1767					
gave rise to immediate cause (a), stating the DUE TO						
underlying cause last. (c)						
	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY					
L L	PERFORMED? YES NO D					
2Da. ACCIDENT WAS UNDERLYING 1 2Db. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of Injury In Part I or Part II of Item 18.)					
© OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	THE STATE OF THE S					
3 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)					
ZDc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAN factor 20m. 20m. PLAN factor 20m. 20m. PLAN factor 20m. PLAN f	ry, street, office bldg., etc.)					
21. I certify that (I) (this hospital) attended the deceased from	Vov 16 1964 to Mm 19, 1967, that (1) (we) last					
saw the deceased alive on $4-25$ 19 67 , and that	death occurred at/03/5/M, from the causes and on the date stated above.					
22a. SIGNATURE	1 22b. DATE SIGNED					
Cautas Drusfeer M.D	ATTENDING MED. STAFF DIRECTOR PHYS. 5-20-67					
22c, PHYSICIAN'S	22d. ADDRESS					
NAME (Type)	no 401 DECATOR ST.					
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)					
REMOVAL (Specify)	ethodist Cem Near Cumberland, Maryland					
Burial May 23 1967 Prosperity Me	1 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE					
that wil a Hotel M.	11111 0 1 1007 00/1- 10 0 100					
John J. Hafor Jr. 230 Balto Ave. Cumbe	erland, DAMAY 24 196/ function grants					
Mc						

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	d in by the funeral	pers. Pages Land	72 haurs after depart.
	en signed by the attending physician and campletely tilled in by the funeral	he burial-transit permit. Then please remave Larban papers. Pages Land-2	to burial, crematian, ar remaval, and in any event mathin 72 haurs after
	attending physician	permit. Then please	tian, ar remaval, and
	signed by the	burial-transit	burial, cremat
)	en	he	10

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplesory filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages J and 2 should be filed with the State Dept. at Health prior to burial, crematian, ar remaval, and in any event permit 72 haurs after details.

	06052			CERTIF	ICATE	OF DEATH	F 13		06	041	
	o. COUNTY ALL	EGANY		MAR	YLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. STATE MARYLAND b. (OUNTY ALLEGANY					
	write RURAL onc	If outside corporate lim I give nearest town) BERLAND	its,	c. LENGTH OF STAY		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
	d. NAME OF HOSPITA	ORIAL HO		, give street oddress)		d. STREET ADDRESS		MBIA ST		e. IS RESIDENCE ON A FARM? YES NO	
3.	NAME OF DECEASED (Type or print)		HOMAS	Middle Gordon	n	MC GINN	4. DATE OF DEATH	Month MA Y		y Year 19 67	
S.	MALE	6. COLOR OR RACE WHITE	7. MARRIEI WIDOWEI		- K	2-2-1928		AGE (In yeors lost birthdoy) yrs.	Months Doys	Hours Min.	
100 dur	usual occupation ing most of working Laborer			KIND OF BUSINESS OR INDUSTRY Trucki	SSOC.	11. BIRTHPLACE (County FROSTBU		0 17	12. CITIZEN C		
	FATHER'S NAME WILLIAM	MC GINN				14. MOTHER'S MAIDEN ANNA HO		ER			
1S. (Ye	. WAS DECEASED EVE es, no, pr unknown) NO	R IN U.S. ARMED FORCES (If yes give wor or dotes	of service)	3. SOCIAL SECURITY NO. 13-24-66913		NFORMANT IEMORIAL H	OSPITA	Addres	S MBERLAN	D. MD.	
	1B. CAUSE OF DE PART I. DEAT	EATH (Enter only one co I'H WAS CAUSED BY: IMMEDIATE CAUS	1.	or (0), (b), and (c).)	c .	Failu	re			TERVAL BETWEEN NSET AND DEATH	
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost. (b) Cirrhosis Ot Liver 2 months (b) DUE TO (c)										
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AU PERFOR YES							. WAS AUTOPSY PERFORMED? YES NO			
L CERTIFICATION		UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b.	DESCRIBE HOW INJURY O	CCURRED. (Enter noture of injury in	Port I or Port I	l of item 1B.)	1		
MEDICAL	20c. TIME OF INJU Hour o.n p.n	JRY Month, Doy, Yeor n. n. 19	Whi	INJURY OCCURRED le Not While of work		E OF INJURY (Home, forr ory, street, office bldg., etc		(City or town)	(County)	(Stote)	
	saw the de	by that (1) (this ha eceased olive on_		nded the deceased	from ond that	death occurred of	10:40	PM causes of	and on the da		
	220. SIGNATURE	ndreu	Se	asko	M.D		MED. DIRECTOR	STAFF PHYS.	22b. DATE SIG 5/3/67		
	22c. PHYSICIAN'S NAME (Type)	ANDREW								ND, MD.	
	BURIAL, CREMATIC REMOVAL (Specify Burial	5/4/67		23c. NAME OF CEM Eckhart		tery	Eckho		legany,	Maryland	
24	H. Wayn		Cumber	ADDRESS Land, Mary	land	DATA	D BY REGISTRAI		Cores Signatu	udge	

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06053

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06042

	o. COUNTY	Allegany		MARYLAND	o. STATE Mari	(Where deceased live	b. COUNTY	Residence be		on)
	Cumberl and	If outside corporate limit d give nearest tawn) and		c LENGTH OF STAY IN 16 10 Minutes	c. CITY OR TOWN (If o			nd give neo		/
		al OR INSTITUTION (If n l Hospital	ot in hospitol, g	ive street oddress)	d. street address Division	Ave.			e. IS RESI ON A F	DENCE ARM? NO
	NAME OF DECEASED (Type or print)		rst Liam	Middle Leo	McKenzie McKenzie	4. DATE OF DEATH	Month lay	14,		67
	sex Male	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED X DIVORCED	8. DATE OF BIRTH Jan. 5, 194	Inch		UNDER 1 YEAR onths Doy		R 24 HRS. Min.
10o dur	b. USUAL OCCUPATION ring most of working Painter	(Give kind of work done life, even if retired)		nd of Business or Dustry nting Contr.	11. BIRTHPLACE (Stote	and Maryl	and	12. CITIZEN COUNTS	OF WHAT	
13.	P. Wil	liam McKen:	zie		14. MOTHER'S MAIDEN Margare	NAMÉ et T. Flyn	ın			
IS. (Ye	WAS DECEASED EVE es no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dates	of service) 16. S		7. INFORMANT L. P. William	n McKenzie	Address Box 51		mb. Mo	i.
	IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemothorax, Left IMMEDIATE CAUSE (a)									
	Conditions, if ony, which gove rise to immediate couse (o), DUE TO Ruptured Left Lung Sudden									
	stoting the under		(c)	Co	mpression of	(Chest				
ATION	PART II. OTHER SIG	GNIFICANT CONDITIONS (ONTRIBUTING T	O DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE CO	ONDITION GIVEN IN PA	ART I(o)	1	PERFORM YES X	OPSY NO
MEDICAL CERTIFICATION	20o. EXTERNAL CA PRIMARY Or COI CAUSE OF DEATH.	USE WAS NTRIBUTING		cribe how injury occurr ver in a one			tem 1B.)			
MEDICA	Hour on	JRY Month, Day, Yeor n. May 14, 19	14/6-21-0		PLACE OF INJURY (Home, for foctory, street, office bldg. 21		or town) t Ashby	(County) Hamp	shire.	(SVa).
	21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection M, Inquiry X, and in my opinion death resulted from: Notural courses , Accident X, Suicide , Homicide , Undetermined monner									
	ACTUAL SIGNATURE EXAMINER'S	Benedict S	t St	elarelie'	CHIEF MEDICA M.D. ASSISTANT ME DEPUTY MEDIC	L EXAMINER DICAL EXAMINER CAL EXAMINER	Rt. #	9 Ma	22. DATE	1967 SIGNED
230	D. BURIAL, CREMATIO BEMOVAL (Specify)	N 235 DATE TH	EREOF	23c. NAME OF CEMETERY SS. Peter &	OR CREMATORY	23d. LOCATION	1147	(Cour	nty) (S	itote)
24	. FUNERAL DIRECTO	R		and, Marylan		P BY REGISTRAR 1967	2Sb. REGISTR	RAR'S SIGNAT	and a	

VR A15ME (5)

5 may be retained far yaur files.

TO DEPUTY MEDICAL EXAMINER:

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State (Departim

Health ar its designated agent, prior ta burial, crematian, ar remaval, and

after

in any event within 72 hours

the same of the sa Total . And . Permitted Contra Street Service 1977 Section 1971 .7 3.22 CIT-18-9995 Nr. F. P. CECCON NEW SECURITY OF ST. P. LEWS. BY SULL SOME WILLIAM SIN vide see for it, for the first of the first 1207 .- 17 Connector Sectionatio, V. P. and the plant then the transfer of the time

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		06054		CERTIFICA	TE OF DEATH		06043			
		PLACE OF DEATH a. COUNTY ALLEGAN		MARYLAND	CTATE	there deceosed lived, if institut LAND b. COUR	ion: Residence befare admission) ITY ALLEGANY			
		b. CITY OR TOWN (If autside con write RURAL and give neares CUMBERL	porate limits, t tawn) AND	c. LENGTH OF STAY IN 16 27 DAYS	,	side corporate limits, write RUI				
50		d. NAME OF HOSPITAL OR INSTIT	UTION (If not in haspital, L HOSPITA		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO			
		NAME OF DECEASED (Type or print)	First MARY	Middle M .	MC VICKER	4. DATE Mont OF MA				
I		FEMALE 6. COLOR C		NEVER MARRIED DIVORCED	9-17-90	9. AGE (In years last birthday) 6 yrs.	Manths Days Haurs Mir			
7	10o duri	. USUAL OCCUPATION (Give kind o	f work done 10b. K tired) IN	IND OF BUSINESS OR NDUSTRY	DAWS ON	Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY? U.S.A			
	13. FATHER'S NAME EVAN SIGLER 14. MOTHER'S MAIDEN NAME MARY A. FORTHMAN									
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknawn) (If yes give war ar dates af service) 16. SOCIAL SECURITY NO. 17. INFORMANT MEMORIAL HOSPITAL CUMBERLAY									
		1B. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSED IMMEDIA 1985) 3.31 X Conditions, if any, which gave rise to immediate cause (a),	SED BY: DIATE CAUSE (a) DUE TO (b)	Caroli, and (c).) excloration	I hemor	chage offere	INTERVAL BETWEEN ONSET AND DEATH	7		
	stating the underlying cause last. DUE TO (c)									
2	CATION	PART II. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO			
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF (IF EITHER, NOTIFY MEDICAL EXA	DEATH	ESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in P	art I ar Part II af item 18.)				
	MEDICAL	20c. TIME OF INJURY Month, Haur'a.m. p.m.	Day, Year 20d. I While 19 at wor	Not While	PLACE OF INJURY (Hame, form, factory, street, affice bldg., etc.)	20f. (City ar tawn)	(Caunty) (State))		
		21. I certify that (I) sow the deceased a		ded the deceased from	that death accurred 8	25A M, fram causes	and an the date stated abo	last ave.		
		22b. DATE SIGNED 5-61	7							
1		22c. PHYSICIAN'S NAME (Type) DR.	W. F. WIL	LIAMS	122 S.	CENTRE ST.	CUMBERLAND,	MD		
0	230	BURIAL, CREMATION, 23 REMOVAL (Specify)	5/16/67	23c. NAME OF CEMETERY Philos		23d. LOCATION (City or To Westernport	Md.			
7	24	H. FUNERAL DIRECTOR	Bra DW	address esternport.	25a. REC'D		GISTRAR'S SIGNATURE			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar ta burial, cremation, ar removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the hospital ar attending physician.

VR A15 (4)

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ALLEGANY	(PIALPYE)		4974A635E4A
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A. 7.	in , eguan		
	Mary A. cogning		TOTALS MAVE
distant in partin	ATTENDED AND STORY		63
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	e perfect of the F	81M111M	.1 .4 .30
710		Folion	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, when 22 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH					stitution: Residence before admission)
	ALLEGANY	MARYLAND	a. STATE MARYL	AND b. coul	ALLEGANY
b. CITY OR TOWN	N (if outside corporate limits, and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If ou	tside corporate limits, wi	rite RURAL and give nearest town)
Cumberla		17 32 YEARS	Mt. Sava		01.1
d. NAME OF HOS	SPITAL OR INSTITUTION (if not in h	ospital, give street address)	d. STREET ADDRESS	185	e. IS RESIDENCE
	ART HOSPITAL		P.O. BOX 53	7, CUMB., MD.	ON A FARM? YES NO
3. NAME OF DECEASED	First	Middle	Last 4	. DATE Mont	h Day Year
(Type or print)	WALTER	FRANCIS	MEADE	DF DEATH 5	5 19 67
5. SEX	6. COLOR DR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
MALE	WHITE WIDDWED	4.4	2-18-06	last birthday)	Months Days Hours Min.
10a. USUAL OCCUPAT	IDN (Give kind of work done 10b. F	IND OF BUSINESS DR	11. BIRTHPLACE (Coun	ty & State, or foreign country	y) 12. CITIZEN OF WHAT
Kelly Sur		NDUSTRY SR. CLERK	NEW YORK,	N. Y	U. S. A.
13. FATHER'S NAM			14. MOTHER'S MAIDEN		1 0. 3. 71.
RICHARD	MEADE		MATHILD	A (REITH)	
15. WAS DECEASED E	EVER IN U.S. ARMED FDRCES? 16.	SOCIAL SECURITY ND. 1 17.	INFORMANT Hospi		SS
(Yes, no, or unkown)	(If you nive war or dates of service)	14-07-0834 sio	nRECORDS	OCT TEMETO	
1 10 011105 05			TIL CONDS		WEEN A DEFINER
	DEATH [Enter only one cause per l	ine for (a), (b), and (c).	1	-	ONSET AND DEATH
115111	IMMEDIATE CAUSE (a)	menhore	secondo	ry le	
40 TX	DUE TO	1	V HI	111-1	
conditions, If a		ertion 18f	y graff of	upon lerme	nel
cause (a), st	1 0115 70	# 17 7.4	1 11:11.	f.c.	08 0
underlying caus	(6)(la lo septo	acostey	secons 4	feustie
PART II. DTHER S	IGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN	IPART 1(a) 19. WAS AUTDPSY PERFORMED?
1.12	Syndrome				YES NO
PART II. DTHER S 2Da. ACCIDENT DR CONTRIBUTI (IF EITHER, NOT	WAS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of In	Jury In Part I or Part II	of Item 18.)
	NG DEAUSE OF DEATH IFY MEDICAL EXAMINER)				
0		NJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm	, 20f. (City or town)	(County) (State)
Hour a.m	n. 19 While	k Not While at work	ry, street, office bldg., etc.		
	y that (I) (this hospital) attend		10	to	that (I) (we) last
	ceased alive on				and on the date stated above.
22a. SIGNATUR		and that	death booties at	m, nom the oddses	22b. DATE SIGNED
1 th	11/1/2/18	M.D	ATTENDING ME	D. STAFF PHYS.	
22c. THYSICIA		M.D	22d. ADDRESS	LECTOR C. PRITS. C.	
NAME (Ty	pe) DR. E. R. PAUL		36 GREENE	ST., CUMB.,	MD. 21502
23a_ BURIAL, CREM		23c NAME OF CEMETERY	OF CREMATORY	23d. LOCATION (City, t	own or county) /state)
Busis S	elfy) 5/8/67	St. Patrice	is Cem.	mt lava	se md.
24. FUNERAL DIRE	CTOR	ADDRESS		BY REGISTRAR 25b	
Levis	I tun me.	(umb. W	MAY 8	3 1967 90	lianles Judges
) -		7.7	T DATE .	1000 P	

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SACTOR HEART HOSPITAL

THE DIST STE YOUR DIS

STILL STUDY

3 BREEKE ST., CLAL., ND. 21502

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 06056 FOR ST PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY delay is and 3 to Page Allegany Maryland Allegany deoth. MARYLAND Department b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and P.M3. write RURAL and give nearest town) 70 years Cumberland . Md. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? hours 429 Homer Street 429 Homer Street State 8. Give Pages YES NO NO 3 NAME OF Middle Lost 4 DATE First. Month Day DECEASED Elsie May 67 Marie Morris 19 DEATH within (Type or print) S. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH NEVER MARRIED lost birthdoy) Months Hours 0 Female White WIDOWED DIVORCED event and 2 11. BIRTHPLACE (Stole or fareign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY Home 12. CITIZEN OF WHAT during most of working life, even if retired)
HOUSEWITE USA Dobbins. W. Va. = poges in any to the Chief Medical Exominer's pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John E. Squires Katherine Kieffner puo WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) ((If yes give wor or dates of service) permit. removal, Mr. Chester A. Squires, Cumberland, Md. 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY CORONARY OCCLUSION IMMEDIATE CAUSE (o) ne certificate, writing the word should be forworded to the Ch cremation, DUE TO CORONARY SCLEROSTS Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying couse 0 WAS AUTOPS) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? the certificate, 0 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) prior 3 should PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) moy be retained for your FUNERAL DIRECTOR: Poge 5 moy be retained for you TO FUNERAL DIRECTOR: Pog Health or its designoted o ot work ot work 21. I certify that I taak charge of the remains described above, held an Autopsy , Inspection X. Inquiry X, and in my apinian Natural causes X, Accident , Suicide , the funeral director. death resulted fram: Undetermined manner Hamicide | CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Skitarelic, M.D. Address (Street, city, town, or county) Cumberland, **EXAMINER'S** Benedict NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Burial May 22,1967 Greenmount Cemetery Cumberland, Md. Allegany 24. FUNERAL DIRECTOR **ADDRESS** James F. Scarpelli, Cumberland, Md.

24 hours after death. This certificate should be executed within OTCAL EXAMINER: O DEPUTY

VR A15ME (5

Sundit Stetensii

-1	0	1	Divi	ision of STATISTICAL I		AND RECORDS, 30			MORE, MARYLA	ND 21201	
FOR STA	ATE		06057	٨	MEDICAL	EXAMINER'S	CERTIFICATI	OF DEAT	Н	06	046
HEALTH D	EPT.		. PLACE OF DEATH					CE (Where deceas	ed lived, if institutio		are admission)
to to sige	death of)	a. COUNTY	Allegany		MARYLAND	o STATE Ma	ryland	b. COUNT	Y Alleg	any
d 3	ded		b. CITY OR TOWN (If ou	tside carparate limits,	c. LEN	IGTH OF STAY IN 1b	c. CITY OR TOWN	If autside carpara	e limits, write RURA	L and give near	est tawn)
on M3	Cumberland					71 years	Cu	mberlan	d	71	./
2,2							d. STREET ADDRESS				e IS RESIDENCE
hours ofter death. If elem 18. Give Poges 1, Office olang with form	ours	-2	Sacred Hea	rt Hospital			18	Boone	Street		ON A FARM? YES NO 5
ath og th	e Sto 72 h		. NAME OF	First		Middle	Last	4. DATE	Manth	Da	y Year
w w	the T		(Type or print)	Harry		E.	Nee	OF DEATH	Ma	y 25	19 67
fter Giv ang	with the	II.			RRIED X	NEVER MARRIED	B. DATE OF BIRTH	9	AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HE
hours ofter death. Item 18. Give Pages Office olang with fo	3 5	J	Male		OWED 🗌	DIVORCED	Oct. 31,	1895 7	last birthday) yrs.	Months Doys	Haurs Mir
em em	ond		Oa. USUAL OCCUPATION (Giv		IOb. KIND OF I		11. BIRTHPLACE (Stote or foreign ca	untry)	12. CITIZEN C	F WHAT
24 in in ir ir ir ir ir ir	s J	1	luring most of working life, e	ven ir retired)	INDUSTRY [unici]	pal	Keys	er, W.	Va.	COUNTRY	USA
cil i	poges lond 2 v		13. FATHER'S NAME	-			14. MOTHER'S MAI	DEN NAME			
vith pen om	d ii		Jan	nes A. Nee			De	lia Lee			
EX = X	. File		S. WAS DECEASED EVER IN	U.S. ARMED FORCES? es give war or dates of service	16. SOCIAL	SECURITY NO. 17.	INFORMANT		Address	;	
certificote should be executed within writing the word "pending" in pencil orwarded to the Chief Medicol Exomine	sit permit. removal, a		yes, no, or unknown) (IT yes	War I	1	M	rs. Flore	nce Nee	, Cumber	land, N	Id.
exe endi	t pe		18. CAUSE OF DEATH	(Enter anly ane cause per li	ne far (a), (b)	, ond (c).)				IN	TERVAL BETWEEN
be p	ansi ar 1		PART I. DEATH W	AS CAUSED BY: IMMEDIATE CAUSE (a)		CORO	NARY OCC	LUSION		112	NET AND DEATH
ord ord e C			4201	DUE TO		Con	onary Sc	7			
sho e w	noti		Conditions, if any, whi	uso (a)		COL	mary sc	Telosis			
d th	o b		stoting the underlying	g couse DUE TO							
ifico ifing irde	0,0		last.) (c)						1.0	
This certificate should be executed within 24 icate, writing the word "pending" in pencil in be forwarded to the Chief Medical Examiner's	used	23	PART II. OTHER SIGNIFI	ICANT CONDITIONS CONTRIBU	TING TO DEAT	H BUT NOT RELATED TO	THE TERMINAL DISEAS	CONDITION GIVE	i IN PART 1(a)	ļ	WAS AUTOPSY PERFORMED? YES NO
This ficate,	be to		20a. EXTERNAL CAUSE	24/45	NOL DECCRIPE I	HOW INJURY OCCURRED.	/F-4		11 6 12 10 1		YES NO
4-	ge 3 should be used as o buriol-tr ogent, prior to buriol, cremotion,	1010	20a. EXTERNAL CAUSE Y PRIMARY ar CONTRIE		OD. DESCRIBE I	HOW INJURY OCCURRED.	(criter nature of injur	y in ron I or ran	II at Irem IB.)		
NEI NEI Shou	3 sho		20c. TIME OF INJURY	Month, Day, Yeor	20d INJURY O	CCURRED 20e. PLA	CE OF INJURY (Home,	farm, 20f.	(City or town)	(County)	(Stote)
TO DEPUTY MED. AL EXAMINER: necessory, please execute the certithe funeral director. Page 4 should 5 may be retained for your files.	ge	1	Hour a.m.			lat While at wark	tary, street, affice bldg	, etc.)			,
L EXA cecute Page for you	L DIRECTOR: Po its designoted		21. I certify th	at I taak charge of th			eld an Autopsy []. Inspectio	n [X] Inquir	v 📆 on	d in my opini
exe or. F	TO guo		death resulted			ccident , Suid			determined mor		- 117 1117 5 5 111
ase ect ine	REG lesi		1		Va 1		-	ICAL EXAMINER		الميما	
Ple di di	Ts o		ACTUAL SIGNATURE	nedict?	Skit	areliel	M.D. ASSISTANT	MEDICAL EXAMINE			22. DATE SIGNE
UTY, pory, be	Or Or	2	EXAMINER'S D				DEPUTY M	EDICAL EXAMINER	May May	25, 1	.967
essc fun fun	O FUNERAL DIRECTOR: Poge Health or its designated age	0		ENEDICT SKI					or county/Cumb		
nec the	Hec	1	3a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THEREOF	1	NAME OF CEMETERY OR		1	ATION (City or Town		.,
-	-		Burlal	May 29.10	67 St	inset Mamo	rial Park	- Cirm	herland	MA ATT	a cromst

VR A15ME (5)

24. FUNERAL DIRECTOR James F. Scarpelli, Cumberland, Md.

23a. BURIAL, CREMATION BREMOVAL (Specify)

23c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park
ADDRESS 250. R

Cumberland, Md. Allegany 2Sa. REC'D BY REGISTRAR

DATE MAI 3 1 1967

Denestist Abetaries

FOR STATE

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page delay is 2 with the State Department of within 72 haurs after death. This certificate shauld be executed within 24 haurs after death. If 5 may be retained far yaur files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages and be used as burial, crematian, ar removal, and in any event TO DEPUTY MEDICAL EXAMINER:

VR A15ME (5) 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	06058		WED	ICAL EXAMINE	K.2 (CERTIFICATE O	F DEAT	Н		05041
	1. PLACE OF DEATH					2. USUAL RESIDENCE (\	Where deceose	ed lived, if institut	ion: Residen	ce before odmission)
	o. COUNTY	Allega	ny	MARYLA	ND	o. STATE Mar	yland	b. COU	A A	llegany
		If outside corporate limit agive negrest town)	rs,	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (If ou	tside corporot	te limits, write RUI	AL ond give	e neorest town)
	Cumber	Land		66 year	s	Cum	berla	nd		01.1
	d. NAME OF HOSPIT	AL OR INSTITUTION (If n	ot in haspital, g	ive street address)		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
0	1 South	Terrace				1 S	outh	Terrace		YES NO I
ı	3. NAME OF	F	irst	Middle		· Lost	4. DATE	Mont	h	Doy Year
	DECEASED (Type or print)		Joseph	Peter		Nies	OF DEATH	Ma;	y 16	19 67
	S. SEX	6. COLDR OR RACE	7. MARRIED	NEVER MARRIED	☐ B.	. DATE OF BIRTH	9.	AGE (In years	IF UNDER Months	
	Male	White	WIDOWED	DIVORCED		June 15,	1900	66 yrs.	Months	Doys Hours Min.
	10o, USUAL OCCUPATION during most of working	(Give kind of work dane	10b. KII	ND DF BUSINESS DR DUSTRY		11. BIRTHPLACE (Stote	or foreign co	untry)		TIZEN DE WHAT UNTRY?
	Maint	enance	Tir	e Industry	-	Cumberla	nd, M	d.	(0	USA
	13. FATHER'S NAME					14. MDTHER'S MAIDEN I	NAME	_		
-		Andrew N:	Les			Clar	a B.	Sall		
		R IN U.S. ARMED FORCES?		SOCIAL SECURITY NO.	17. IN	FORMANT		Addre	ISS	
-	no no	(If yes give wor or dates	oi zervice)		Mr	s. Leota N	ies, C	umberla	ind, I	MdWife
F	1B. CAUSE OF DI	EATH (Enter only one co	use per line for							INTERVAL BETWEEN
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE	(a)	Coron	ary	Occlusion	n			Sudden Death
	420			Co	2000	arv Sclere				
	Conditions, if ony		(b)	CO.	T.OHS	ary Sclere	OSIS			
	stoting the unde		TD							
	lost.)	(c)							
2	PART II. OTHER SI	GNIFICANT CONDITIONS	ONTRIBUTING T	O DEATH BUT NOT RELATE	D TO TH	HE TERMINAL DISEASE COM	NDITION GIVEN	IN PART 1(o)		19. WAS AUTOPSY PERFORMED? YES ND
	200. EXTERNAL CA PRIMARY ☐ OF CO		20b. DES	SCRIBE HOW INJURY OCCU	IRRED. (E	Enter noture of injury in	Part I or Port	II of item 18.)		
- 1	CHOSE OF DEATH.							10		
	20c. TIME OF INJU	JRY Month, Doy, Yeor n. n. 19	20d. IN While ot work	Not While		E OF INJURY (Home, form ry, street, office bldg., etc.)		(City or town)	(Cou	unty) (Stote)
	21. I certif	y that I taak charg	e af the rem	nains described abay	e, held	d an Autapsy 🔲	Inspectio	ın 🔀 , İngu	iry X,	and in my apinian
	death result			. Accident		de . Hamicide		determined m		1
		7		11		CHIEF MEDICAL			_	
	ACTUAL	Jenede	12	Ketareli	(-)	_M.D. ASSISTANT MED	ICAL EXAMINE	R May	16, 3	19672. DATE SIGNED
2	EXAMINER'S DE	r. Benedic	t Skit	arelic, M.	D.	DEPUTY MEDICA Address (Street	L EXAMINER , city, town, c	or county) Rt.	9 Cur	mberland Md.
d	23o. BURIAL, CREMATIC	DN, 23b. DATE TH		23c. NAME OF CEMETER		REMATORY	23d. LOC	ATION (City or Tov	wn)	(County) (Stote)
1	Burial (Specify		,1967		Pa	ul Cemeter	-		,	Allegany
	James F		i, Cum	berland, M	d.	DAM AY	BY REGISTRA	967 25bpc	OSTRAR'S	GN Julyes :

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Burdiet Stature

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06059

CERTIFICATE OF DEATH

06048

					T	O HIGHAL DECIDENCE (140	ad lived if inctinution	B 11 1 1		
	ACE OF DEATH COUNTY	Allega	25.0			2. USUAL RESIDENCE (a. STATE	vnere deceds	L COUNTY	1		n)
		9	•	MARY						egany	
		f autside carparate limi	ts,	c. LENGTH OF STAY IN		c. CITY OR TOWN (If ou			L and give ne	arest tawn)	
C	umberl	give nearest town)		2/23/19	67	Fro	stbur	g	- 0	11.1	
		AL OR INSTITUTION (If n	at in haspital,	give street address)		d. STREET ADDRESS				e. IS RESID ON A FA	ENCE
		y County				26	Grant	Street			NO X
DE	AME OF ECEASED ype ar print)	Jane	irst C	Middle Penn		Park	4. DATE OF DEATH	May	20	- 17	67
S. SEX	X	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		DATE OF BIRTH	9		Months Do		
	Temale	White	WIDOWED	-	□ 9	/2/1876		90 yrs.			Min.
during	SUAL OCCUPATION most of working.	(Give kind af wark dans life, even if retired)		CIND OF BUSINESS OR NDUSTRY		II. BIRTHPLACE (County Lonaconi			U COUNT		
	ATHER'S NAME	William	Taylor	r		14. MOTHER'S MAIDEN Jane Ro		on		2	
1S. V (Yes,	WAS DECEASED EVE na, ar unknawn)	R IN U.S. ARMED FORCES (If yes give war ar dates	af service) 16.	SOCIAL SECURITY NO.	17. IN	FORMANT P. O.	Box	599, Address Infirma	Cumbe ry re	rland cords	, Ma
	18 CAUSE OF DE	ATRE OF A								MITERIAL DET	
		'H WAS CAUSED BY:	P	r (a), (b), and (c).)	las	tu le	out	dream	-	ONSET AND D	
		H WAS CAUSED BY: IMMEDIATE CAUSE	P	or (0), (b), and (c).)	les	to le	out	drin	Lā		
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C	PART I. DEAT # 2 Canditions, if any, rise to immediate	H WAS CAUSED BY: IMMEDIATE CAUSE DUI which gave e cause (a),	(o) a	or (a), (b), and (c).)	des	to be	out	deso	L.C.		
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AL CERTIFICATION	PART I. DEAT Conditions, if any, rise to immediate stating the under last. PART II. OTHER-SIGNATURE OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF IND. p.n.	H WAS CAUSED BY: IMMEDIATE CAUSE Which gave e cause (a), Hying cause GNIFICANT CONDITIONS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) JRY Manth, Day, Year n. 19	(a) (b) (c) (c) (20b, b) (20d, while of way	TO DEATH BUT NOT RELIVENCESCRIBE HOW INJURY OCCURRED Not While ork of work	CURRED. (E	of INJURY (Hame, farry, street, affice bldg., etc.	Part I ar Par m, 20f.	t II af item 1B.) (City ar tawn)	(Caunty)	ONSET AND D	SPSY PNO State)
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MEDICAL CERTIFICATION	PART I. DEAT Conditions, if any, rise to immediate stating the under lost. PART II. OTHER-SIGNATION WAS OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUMENT OF INJUME	WAS CAUSED BY: IMMEDIATE CAUSE Which gave e cause (a), Hying cause COUNTY OF THE COUNTY ON THE CAUSE OF DEATH MEDICAL EXAMINER) DRY Manth, Day, Year n. 19 Fy that (I) (this ha eceased alive an_	(a) (b) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	TO DEATH BUT NOT RELIVENCESCRIBE HOW INJURY OCCURRED INJURY OCCURRED or Nat While	20e. PLACE factor fram M.D.	OF INJURY (Hame, farry, street, affice bldg., etc.	Part I ar Par n, 20f.	(City ar tawn)	7, 19 nd an the 22b. DATES	onset and d	State) State)
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MEDICAL CERTIFICATION	PART I. DEAT Conditions, if any, rise to immediate stating the under lost. PART II. OTHER-SIGNATURE 200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF IND. P.n. 21. I certify saw the decay of the	which gave e cause (a), dying cause DUI Which gave e cause (a), dying cause DUI SUNDERLYING DICAUSE OF DEATH MEDICAL EXAMINER) BY Manth, Day, Year n. 19 Ty that (I) (this have beceased alive an DUI ON 123b. DATE TH	(a) (b) (b) (c) (c) (contributing 20d. Whill of wa spital) after 5 HEREOF	JO DEATH BUT NOT RELIVED TO DESCRIBE HOW INJURY OCCURRED at work at wo	20e. PLACE factor fram M.D. M.D. TERY OR CO.	of INJURY (Hame, farry, street, affice bldg., etc. /23/67, death accurred at 9:55 attending phys. 22d. ADDRESS Memoria	Part I ar Par n, 20f.) P N MED. DIRECTOR 23d. LO	(City or town) a 5/20/6 A, fram causes ar STAFF PHYS. E	27, 19	IS. WAS AUTO PERFORMING (SIGNED 2/1967 prland	DPSY DPSY DPSY NO DPSY

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. fillettic by the funeral copers. Pages 1 and 2 hin 72-Hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely (ille director, page 3 should be detoched for use os the buriol-transit permit. Then please remove corbon of should be filed with the State Dept. af Heolth prior to buriol, cremotion, or removal, and in any event, within Poge 4 moy be retoined by the hospital or attending physicion.

VR A15 (4)

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE MARYLAND 21201

7		06060		MEDIC	AL EXAMI	NER'S	CERTIFICATE	OF DEATH			06044
4)		PLACE OF DEATH D. COUNTY Allo	gany		MA	RYLAND	2. USUAL RESIDENCE o. STATE	(Where deceosed li	ved, if institution b. COUN		
	-	CITY OR TOWN (If outside	de comorate limits		c. LENGTH OF STAY		c. CITY OR TOWN (If		mits, write RUR		
after dea		write RURAL and give r	nearest tawn) INA				ll .	eley, W.			
28	(. NAME OF HOSPITAL OR	INSTITUTION (If not in h	hospitol, give	street oddress)		d. STREET ADDRESS	Contract of the			e. IS RESIDENCE ON A FARM?
	99	Memor	ial Hosp.	10.0.	A.)		21 Min	eral St.			YES NO
A HILLIAN HILLIAN	[NAME OF DECEASED Type or print)	First Ella		Middle Mae	Po	vrish	4. DATE OF DEATH	Month May	13.	•
	S. S		LOR OR RACE 7. A	MARRIED	NEVER MARRI		B. DATE OF BIRTH	1 9. AG	F (In veors	IF UNDER 1 YEAR	IF UNDER 24 HR
		Female W	thite w	IDOWED X	DIVORC	ED 🔲	4/1/1881	10	birthdoy) yrs.	Months Days	Hours Min
	10o.	USUAL OCCUPATION (Give I	kind of work done		OF BUSINESS OR		11. BIRTHPLACE (Stot			12. CITIZEN O	F WHAT
		ng most of working life, eve Housewife	e e e e e e e e e e e e e e e e e e e	Own	Home			one, W.	la.	COUNTRY	Α.
	13.	FATHER'S NAME Jan	nes Davis				14. MOTHER'S MAIDEN	manda Di	xon		
	IS.	WAS DECEASED EVER IN U.S	ARMED FORCES?	16. 500	CIAL SECURITY NO.		INFORMANT		Addres	Ridgeli neral S	eu. W.Vo
	(16	s, no orunknown) (If yes	dive wat or dores or serv	N	lone	M	rs. Lloyd E	llifritz	21 Mi	neral S	t.
burial, cremation, or removal,		18. CAUSE OF DEATH (E PART I. DEATH WAS	nter only one couse pe CAUSED BY: MMEDIATE CAUSE (o)	r line for (o)	(b), ond (c).) CORONA	RY	OCCLUSION			SU	TERVAL BETWEEN
on,		4201	DUE TO								
		Conditions, if ony, which rise to immediate cous	e(n) (b) -		CORC	NARY	SCLEROS1.	S			
		stoting the underlying	touse DUE TO								
		lost.) (c) _	IDUTING TO	DELTH DUT NOT D	LATED TO	VIII VERMINAL DISCASS CO	AND ITION CIVEN IN	DADT I/ \	110	WAS AUTOPSY
2	NOI	PART II. OTHER SIGNIFICA	MI CONDITIONS CONTRI	IBUTING TO L	DEATH BUT NOT K	LAIED IO	INE TERMINAL DISEASE CO	JADIIION GIVEN IN	PAKI I(0)		PERFORMED?
	IFICA	20o. EXTERNAL CAUSE WA		20b. DESCR	IBE HOW INJURY	OCCURRED.	(Enter noture of injury in	Port I or Port II o	f item 1B.)		YES NO X
	CER	PRIMARY Or CONTRIBUTE	ING 🚨								
	MEDICAL CERTIFICATION	20c. TIME OF INJURY Mo Hour o.m. p.m.	onth, Doy, Yeor	20d. INJUI While of work	RY OCCURRED Not While of work		CE OF INJURY (Hame, far ory, street, office bldg., et		y or town)	(County)	(Stote)
ealth or its designated agent, priar to			I took chorge of			bove, he	ld on Autopsy	Inspection	K Inqui	ry X, one	in my opini
5		-	-				ide, Homicid		ermined mo	- Appropria	,
		ACTUAL 8	2 -	111	101		CHIEF MEDICA		_		22. DATE SIGNE
		SIGNATURE	neclia		Kita.4	de		DICAL EXAMINER			
2		EXAMINER'S NAME (Type) Be	enedict Sk	ritare	lic. M.I)	Address (Stre	CAL EXAMINER E	ont Cumbo	rland h	ld.
2		BURIAL, CREMATION,	23b. DATE THEREOF	- 1	23c. NAME OF CE	METERY OR	CREMATORY	23d. LOCATIO	N (City or Tow	n) (County	(Stote)
	1	BREMOVAL (Epecify)	5/15/67		Queens 1	point	Cometery		r, Mine	ral, W.	Va.
(5)	24.	FUNERAL DIRECTOR			ADDRESS			D BY REGISTRAR		ISTRAR'S SIGNATU	
(3)		H. Wayne	e George	Cumber	cland. Mo	i.	DATEM	Y 18 19	67 40	lisales !	mogh

also the state of the same of And Sheet · Paggang, n. dr. 123.4. What were the state of the stat Tanguint Saithner to, M. M. The second of th the barrier out witted, this

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06061 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission PLACE OF DEATH a. COUNTY MARYLAND ALLEGAN GARRET b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) 5 days FROSTBURG GRANTSVILLE d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION, (If not in haspital, give street address) Middle 4. DATE NAME OF Last DECEASED PETENBRINK (Type or print) DEATH IF UNDER 1 8. DATE OF BIRTH 9. AGE (In years S. SEX 6. COLOR OR RACE NEVER MARRIED 7. MARRIED last birthday) Months WITE FEMALE DIVORCED WIDOWED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY HOME SCOTTDALE GLUN HOUSEWIFE 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME BITTNER MELINDA MCOB Address 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war ar dates of service GROOF ST. 94-03-1466 No SCOTTONLE 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if ony, which gave

stoting the underlying couse

Hour a.m.

rise to immediate cause (o).

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)

WAS AUTOPSY PERFORMED?

INTERVAL BETWEEN

ONSET AND DEATH

e. IS RESIDENCE ON A FARM?

YFAR

Doys 13

COUNTRY?

CITIZEN OF WHAT

U.S.A.

NO DA

Year

205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 1 of item 18. 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year

20d. INJURY OCCURRED at work at work

20e. PLACE OF INJURY (Hame, form, factory, street, affice bldg., etc.)

(City or town) (County) (State)

21. I certify that (1) (this haspital) attended the deceased fram JUNE 13, 1964, to MRG 1967, and that death accurred at 4:10 M, from causes and an the date stated above saw the deceased alive an 22b. DATE SIGNED STAFF **ATTENDING**

OS D	aire	Atm	proj
22c. PHYSICIAN'S	A (B)		A

PHYS 22d. ADDRESS TRONG

DIRECTOR

	_
(Caunty)	(Stote
DONEPERT	6

23o. BURIAL, CREMATION, REMOVAL (Specify)

DUE TO

23c. NAME OF CEMETERY OR CREMATORY

2Sq. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

VR A15 (4) 20 M 1/66

director, page 3 should be filed w

requires that the death certificate be executed within 24 hours after death

n 72 51

carban p

remove

please

burial-transit by

the has been

detached

signed

certificate for

TO FUNERAL DIRECTOR: After

be retained

TO HOSPITAL Page 4 may b

roothurg

23d. LOCATION (City or Town)

WELLERSBURG

The second of th where Sattle VI waster to be a 455 DY-115 ARABIT TO CONTRACT CONTRACTOR OF THE STATE OF and the second s Cold and the Market Cold The Paris of Street Street Street

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MAI		06062	MED	ICAL EXAMINER'S	CERTIFICATE	OF DEATH	1	06051	
EPV.I		LACE OF DEATH			2. USUAL RESIDENCE	(Where deceosed		Residence befo	re odmission)
100	a	. COUNTY	egany	MARYLAND	o. STATE Mar	yland	b. COUNTY	Alleg	anv
after death	b	. CITY OR TOWN (If outside corporate li	mits	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If		imits write RURAL		
in 72 hours after deal		write RURAL and give nearest town)	,					, , , , , , , , , , , , , , , , , , ,	
= -		Flintstone Rt #2		24 Years		ntstone 1	Rt #2	61.1	e. IS RESIDENCE
00 %	d	NAME OF HOSPITAL OR INSTITUTION (I		ive street address)	d. STREET ADDRESS				ON A FARM?
3		Pleasant Valley	Road		Pleasa	nt Valle	y Road		YES K NO
7		AME OF	First	Middle	Lost	4. DATE	Month	Doy	Y Year
- 1	(ECEASED (ype or print)	dgar	Cecil R	ephann	OF DEATH	May	24	19 67
S S S S S S S S S S S S S S S S S S S	S. S		7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		GE (In years IF	UNDER 1 YEAR	IF UNDER 24 HR
3	VIa	le White	WIDOWED	day.	July 15.1	007	ost birthdoy) Mi	onths Doys	Hours Min.
	_	USUAL OCCUPATION (Give kind of work do		ND OF BUSINESS OR	TI. BIRTHPLACE (Sto			12 CITIZEN O	F WHAT
		a most of working life, even if retired)		DUSTRY	,	· ·	17	OUNTRY T	
-	10	Meat Cutter			Eckhart			0.0.	A.
9	13.	FATHER'S NAME			14. MOTHER'S MAIDE				
and in any			E. Repha	nn		Mart	ha Willis		
	15.	WAS DECEASED EVER IN U.S. ARMED FORC , no, or unknown) ((If yes give wor or do	ES? 16. 1	SOCIAL SECURITY NO. 17	INFORMANT		Address	Route	
000	(103	No	17	7-01-0733 M	rs. Blanche	Rephann		Flint	stone, Mo
ar removal,	T	18. CAUSE OF DEATH (Enter only one						IN	TERVAL BETWEEN
matian, ar removal,		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAI	15F (a)	CORO	NARY OCCI	LUSION		Si	DDDEN TH
crematian, c			DUE TO						
2		Conditions, if ony, which gove	(b)	C	ORONARY !	THROMBO:	SIS		
Ĕ l		rise to immediate couse (o),	DUE TO						
;		stoting the underlying couse	(c)		CORONAR	Y SCLE	ROSIS		
5	1	PART II. OTHER SIGNIFICANT CONDITION	CONTRIBITING T	O DEATH BUT NOT BELATED TO	THE TERMINAL DISEASE (ONDITION GIVEN IN	J PART 1/o)	19	. WAS AUTOPSY
burial,	S	TAKT II. OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING T	O DEATH BUT NOT KEENTED IN	THE TERMINAL DISEASE C	ONDITION OFFER II	TAKI I(O)	1 ,,	PERFORMED?
5	3	DO - EVTERNAL CALLER WAS	L sol ps	SCRIPT HOW WHITH OCCUPATI	15	D	f :- 10)	1	YES X NO
prior	2	20o. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐	20b. DE	SCRIBE HOW INJURY OCCURRE	I. (Enter noture of injury	n Port I or Port II	of item 18.)		
d i		CAUSE OF DEATH.							
agent,	MEDICAL CERTIFICATION	20c. TIME OF INJURY Month, Doy, Yeo Hour o.m.	r 20d. IN	JURY OCCURRED 20e. P	ACE OF INJURY (Home, fo ictary, street, office bldg., e		ity or town)	(County)	(Stote)
90	×	p.m.	19 of work	Not While of work	iciary, sireer, office blug., e	(c.)			
Del		21. I certify that I took cho			neld on Autopsy X	. Inspection	T. Inquiry	X, one	d in my opinio
Dug				Accident . Su			termined monn		, ,
Health or its designated agen		0		7.1	-	AL EXAMINER			
Its d		ACTUAL SIGNATURE SIGNATURE	AX	ketarely	M THATSISSA	EDICAL EYAMINED			22. DATE SIGNE
=					M.D.	ICAL EXAMINER	X May 2	7, 196	57
= 1	1	EXAMINER'S Bened	lict Sk:	itarelic, M	. D . Address (Str.	eet, city, town, or c	countyCumbe	rland	. Md.
-	230	BURIAL, CREMATION, 23b. DATE	THEREOF	T 23c. NAME OF CEMETERY O			ION (City or Town)		
D Ullipau	200.	REMOVAL (Specify) Burial 5/27/		Eckhart Cen			rt Allega		,,
	24	FUNERAL DIRECTOR	01	ADDRESS		C'D BY REGISTRAR	2Sb. REGIST	PAR'S SIGNATU	RO dec
(5)	2 7.	H Tee Silcov	hand and		C00 PATE 1	MAY 29	1967 REGIST	Marily	Judge
		H. LOO STICOY	TIMBERIAR	d Marriand 2	STITZ I DAIL I	· · · · · · · · · · · · · · · · · · ·	1. //	- /	

H. Lee Silcox Cumberland Maryland 21502

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1	1	Divisio	n of STATISTICAL RE	MARYLAND STATE SEARCH AND RECORDS	DEPARTMENT OF , 301 W. PRESTON ST		ARYLAND 2120	1
FORISTATE		06063	M	EDICAL EXAMINER	R'S CERTIFICATE	OF DEATH	08	3052
HEALTH DEPT.	1.	PLACE OF DEATH o. COUNTY			o. STATE	E (Where deceosed lived, if i	nstitution: Residence	before odmission)
2, and 3 to PM3. Page partment of after death.	-	b. CITY OR TOWN (If outside write RURAL and give ne	corporate limits,	c. LENGTH OF STAY IN 15		yland outside corparate limits, wr	Alle	egany recrest town)
		Flintstone d. NAME OF HOSPITAL OR IN	Route #2	20 Years ol, give street oddress)	d. STREET ADDRESS	ntstone Rout	€ #2	e. IS RESIDENCE ON A FARM? YES NO
Give Pa		NAME OF DECEASED (Type or print) SEX 6. COLO	First Joseph OR OR RACE 7. MARR	Middle Frnest ED NEVER MARRIED	Lost Rephann 8. DATE OF BIRTH	4. DATE OF DEATH 9. AGE (In year		Doy Year 3 19 67 EAR IF UNDER 24 HRS
(4 hours n Item 1 s Office s land 2 y event	10d dur	Male Whi USUAL OCCUPATION (Give king most of working life even Retired Mac	nd of work done 101	ED DIVORCED B. KIND OF BUSINESS OR INDUSTRY SOL COAL CO		ote or foreign country) Maryland	yrs. 12. CITIZE COUN	EN OF WHAT
xecuted within 2 dding" in pencil ii Medical Examiner permit. File page: maval, and in ar	15		ve war or dotes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Edgar C. Repl	Mary Le		oute #2
d be e d "per Chief I fransit fransit		4201	Per only one couse per line AUSED BY: MEDIATE CAUSE (o) DUE TO					INTERVAL BETWEEN ONSET AND DEATH SUDDEN
s certificate shauld e, writing the ward farwarded to the C used as a burial-tr b burial, crematian,		Conditions, if ony, which g rise to immediate couse stating the underlying co lost.	(o), (DUE TO	CORO	NARY SCLER	LOSIS		
his certificate, writing e farwarde be used as to burial, a	ATION	PART II. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE (CONDITION GIVEN IN PART 1	(0)	19 WAS AUTOPSY PERFORMED? YES NO
	L CERTIFICATION	20o. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTE CAUSE OF DEATH.	NG □ 20b	DESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury	in Port I or Port II of item	18.)	
XAMINI ute the cape 4 sho your file Page 3 sho d agent,	MEDICAL	20c. TIME OF INJURY Mon Hour o.m. p.m.	W	d. INJURY OCCURRED 200 Thile Not While of work	PLACE OF INJURY (Home, fo foctory, street, office bldg., e		wn) (Count	y) (Stote)
Xec xec For for for one		21. I certify that death resulted fran	-	remains described abave	Suicide, Hamicia	de 🔲, Undetermin	Inquiry 🟋, ed manner 🗌	and in my opinio
Y MEDICA please e al director retained AL DIRECTOR its design		ACTUAL SIGNATURE	mediet >	Skitarile	M.D. ASSISTANT N	AL EXAMINER MEDICAL EXAMINER	(ov. 0	22. DATE SIGNED
necessary, p the funeral of S may be re to FUNERAL Health ar its		THAME (Type)			1. D. Address (Str	eet, city, town, or county)		
TO DI The The TO FU	230	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THEREOF	23c. NAME OF CEMETER		23d. LOCATION (City	or Town) (Co	ounty) (Stote)

ADDRESS

and in my opinion

NAME (Type) 23o. BURIAL, CREMATION, Burial (Specify)

23b. DATE THEREOF 5/6/67

23c. NAME OF CEMETERY OR CREMATORY Eckhart Cemetery

23d. LOCATION (City or Town) Eckhart

24. FUNERAL DIRECTOR

H. Lee Silcox 404 Decatur St Cumberland, Md

2So. REC'D BY REGISTRAR 1967

Allegany Maryland 25b. REGISTRAR'S SIGNATURE

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or papers. Pag within 72 hours

James F. Scarpelli, Cumberland, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISIO	N OF STA	TISTICAL I	RESEAL	RCH AND RE	CORDS,	, 301 W. PRESTO	N STREE	r, BALTIMO	RE 1, MAR	YLAND
06064				CERTIF	ICATE	OF DEATH			060	53
a. COUNTY				MAR	YLANO	a. STATE MA	RYLAND	b. COUN	TY ALL	EGANY -
write RURAL	and give nea	corporate limi rest town)	ts,						te RURAL and	give nearest town
					200	d. STREET AOORESS	221115		114-1-1	e. IS RESIDENC ON A FARM?
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OECEASEO (Type or print)		ОНИ		W.		HOE	OF DEATH	MAY	12	19 67
MALE	WHI	TE WIE						last birthday) 63 yrs.	Months Oay	s Hours Min
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JOHN W.	RHOE					MILLER, M	ARY EL	LEN	THE	
			e)				ISSION		is	
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cause (a), s	stating the	OUE TO	200	trum	3	geors o	age	(
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Hour a.	.m.	th, Oay, Year	20d. INJ While at work	Not While at work	20e. PLAG	CE OF INJURY (Home, fa ry, street, office bldg., e		(City or town)	(County)) (State)
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NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) SACRED HEART HOSPITAL, CUMB., MD.21502 NAME OF OCCEASED (Type or print) SEX 6. COLOR OR RACE 7. MARRIEO WIOOWED USUAL OCCUPATION (Give kind of twork done no most of working life, even if retired) PIPE FITTER WAS DECEASED EVER IN U.S. ARMEO FORCES? 100. or unkown) (If yes give war or dates of service) 101. KINO OF BUSINESS OR CELANESE CORP. 118. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SEX CERTIFICATE MARYLANO 48 HOURS MIddle WIOWED OIVORCED 101. KINO OF BUSINESS OR CELANESE CORP. 102. TIME OF INJURY MONTH, Oay, Year 202. ACCIOENT WAS UNOERLYING OUE TO CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 203. SIGNATURE BURIAL, CREMATION, 23b. OATE THEREOF REMOVAL (Specily) May 15, 1967 St. Mary's C	PLACE OF OEATH d. COUNTY ALLEGANY ALLEGANY ALLEGANY CUMBERLAND D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) SACRED HEART HOSPITAL, CUMB., MD.21502 SACRED HEART HOSPITAL, CUMB., MD.21502 SEX 6. COLOR OR RACE 7. MARRIEO M. NEVER MARRIEO MARCH 11, 1 USUAL OCCUPATION (Give kind of work done in most of working life, even if retired) PIPE FITTER WHITE WIOOWED OIVORCED MARCH 11, 1 USUAL OCCUPATION (Give kind of work done in most of working life, even if retired) PIPE FITTER WAS OECEASEO EVER IN U.S. ARMEO FORCES? 10. SOCIAL SECURITY NO. 17. INFORMANT 10. IMMEDIATE CAUSE (a) WAS OECEASEO EVER IN U.S. ARMEO FORCES? 11. SIRTHPLACE (CO. 144) 12. ACCIOENT WAS CAUSEO BY: IMMEDIATE CAUSE (a) WILLER, M. MILLER, M. MOTHER'S MAIO 10. OLOR TO MARCH STREET ON THE TERMINAL OF THE TE	PLACE OF CEATH ALLEGANY ALLEGANY ALLEGANY ALLEGANY B. CITY OR TOWN (if outside corporate limits, write RUBAL and give nearest town) CUMBERLAND C. 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STREET ADDRESS S.ACRED HEART HOSPITAL, CUMB., MD. 21502 3. STREET ADDRESS S.ACRED HEART HOSPITAL, CUMB., MD. 21502 3. STREET ADDRESS S.ACRED HEART HOSPITAL, CUMB., MD. 21502 SEX 6. COLOR OR RACE 7. MARRIEO NEVER M

A15 (4) M 1/65

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. I should be filed with the State Dept. of Health prior to burial, cramation, or removal, and in any event, within 72 hou

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		COUCU			CEKIIFI	CAIL	OF DEATH		1	COEE	
		PLACE OF DEATH						Where deceased lived, if in		ice before admission)	
		o. COUNTY ALL	EGANY		MARYL	AND	O. STATE MAR	YLAND b.	COUNTY	LEGANY	
		b. CITY OR TOWN (I	f autside carparote limits.		c. LENGTH OF STAY IN			tside corparote limits, writ			
		CUME	BERLAND		2 DA	YS	CUM	BERLAND		11.1	
0		d. NAME OF HOSPITA	ORIAL HOSE	in hospitol, gi			d STREET ADDRESS	ORTH ALLEC	SANY ST	e IS RESIDEN ON A FARI YES NO	M?
		NAME OF DECEASED (Type or print)	WAL		Middle		SCHACK	4. DATE OF DEATH	Month IA Y	Doy Year 28 19	67
	S. :		6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH	9. AGE (In yea		I YEAR IF UNDER 24	4 HRS.
		MALE	WHITE	WIDOWED [9-9-1900	lost birthdo	yrs. Months	Doys Hours	Min.
1	duri	ing most of working I	(Give kind of work done ife, even if retired) d Draftsman	I IND	D OF BUSINESS ORITOUSTRY y Springfi		MISSOU	& State, or fareign country)		TIZEN OF WHAT	
		FATHER'S NAME	ARLES F. S				14. MOTHER'S MAIDEN I			Bette	_
	15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16. 50	OCIAL SECURITY NO.	17. 1	NFORMANT		Address		
	(Te	Yes	(If yes give war ar dotes of		2-03-8330	M	EMORIAL HO	DSPITAL C	IIMREDI	AND MO.	
	N.	18. CAUSE OF DE	ATH (Enter only one cous H WAS CAUSED BY: IMMEDIATE CAUSE (a), (b), and (c).) BERREINO		Calon ,	with inta	rtasis	INTERVAL BETWE ONSET AND DEA	
		1538	DUE 1)	, ,	. 0			3+,	
		Canditians, if any,	la cousa (a)	b) 10 1	wer and	1	sommal.	Cacheria		- Jea	7
		stoting the under	lying couse DUE								
	180	lost.		()	DEATH DUT HOT DELA	**************************************	THE TENNISH DISTASE CO.	UDITION OF THE PART OF		19. WAS AUTOPS	CV
3	NO.	-	η -	NIKIBUTING TO	DEATH BUT NOT KELA	I DI I	HE TERMINAL DISEASE CON	NDITION GIVEN IN PART 1(PERFORMED'	?
	FICAT	200, ACCIDENT WAS					are with	Part I or Part II of item 1	enter acced	OLC YES NO	, 🗀
	AL CERTIFICATION	OR CONTRIBUTING I	CAUSE OF DEATH MEDICAL EXAMINER)								
	MEDICAL	20c. TIME OF INJU Hour o.m p.m	10	20d. INJ While ot work	Not While		CE OF INJURY (Home, form pry, street, office bldg., etc.)		(Co	unty) (Sto	ite)
			y that (I) (this hasp ceased alive on 2	ital) attende	ed the deceased fi		deoth occurred at	98:300 P M	ses and on the	Z, that (I) (we he date stated o	e) last above.
		220. SIGNATURE	Verlon	Anu	De	M.D	ATTENDING D	MED. STAFF DIRECTOR PHYS.		ATE SIGNED	7
1		22c. PHYSICIAN'S NAME (Type)	DR. WYLIE	M. F	AW JR.		CUMBERLA		6		
-	230	. BURIAL, CREMATIO		REOF	23c. NAME OF CEMETI	RY OR (REMATORY .	23d. LOCATION (City	or Town)	(County) (Stat	e)
		Burial (Specify)	6/ 1/10	967.	Frostburg	Memo	orial Park	Frostburg	Al	leg Md	
1	_	FUNERAL DIRECTOR	CIUIW A	Tak	ADDRESS		2So. REC'E	BY REGISTRAR 25	B. REGISTRAR'S S		
1		John J.	Hafer Jry	230 B	a Lto Ave.	Cumb	perland III	N 5 1967	1	10	

IO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages A and should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and the overt, within 72 hours offer deather death. Page 4 may be retained by the hospital or attending physicion.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE HEALTH DEPT. PM3. Page

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TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is	necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta	-	5 may be retained far your files.	-	Health ar its designated agent, prior to burial, cremation, or remayal, and in any event within 72 hours after death.	-
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MEDICAL	EXAMINER'S	CERTIFICATE	0F	DEATH
MILDICAL	LAMIIIITEK 3	CERTIFICATE	VI	PLAIII

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	06066	ME	DICAL EXAMINI	ER'S	CERTIFICATE O	F DEATH		(6056	9
	PLACE OF DEATH a. COUNTY Allegany		MARYLA	AND	2. USUAL RESIDENCE (NO. STATE Mary	Where deceased li	ved, if institut b. COU	UTW	before admis	,
	b. CITY OR TOWN (If outside corporate write RURAL and give nearest tow	limite	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (If au			RAL ond give	neorest tawn)	
	d. NAME OF HOSPITAL OR INSTITUTION Sacred Heart		, 3		d. STREET ADDRESS Community	y of Bar	relsvi	lle		SIDENCE FARM? NO X
	NAME OF DECEASED (Type ar print) Pete				emaker	4. DATE OF DEATH	May	12	p 19	Year 967
	Male White	WIDOWE			12/10/189	6 19	(In years birthdoy) yrs.	Months	VEAR IF UND Doys Hours	
Cli	USUAL OCCUPATION (Give kind of warking most of working life even if retired)	et.) G	kind of Business or industry		11. BIRTHPLACE (State Meyers de	ale, Pen		12. CITIZ	S.A.	
		Shoemake				e Bare				
1S. (Ye	was DECEASED EVER IN U.S. ARMED FO	RCES? Igtes of service)	214-05-7688		s. Mary S. S	Shoemake	Addre		avage,	Md.
	18. CAUSE OF DEATH (Enter only o PART I. DEATH WAS CAUSED BY IMMEDIATE	:		RONA	RY OCCLUST	ION			SUDDE	
	Canditions, if ony, which gove rise to immediate couse (a), stating the underlying couse	(b)	C	ORON	IARY SCLERO	OSIS			40 40 40 40	
NO	lost. PART II. OTHER SIGNIFICANT CONDITI	(c)ONS CONTRIBUTING	TO DEATH BUT NOT RELAT	ED TO TI	HE TERMINAL DISEASE COM	NDITION GIVEN IN	PART 1(o)		19. WAS AL	JTOPSY RMED?
CERTIFICATION	20o. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	20b.	DESCRIBE HOW INJURY OCC	URRED. (I	Enter nature of injury in	Part I ar Port II a	f item 18.)		YES	NO K
MEDICAL	20c. TIME OF INJURY Month, Doy, Y Hour o.m. p.m.	Whi			E OF INJURY (Home, farm ry, street, office bidg., etc.)		ty or town)	(Caun	ty)	(Stote)
200	21. I certify that I taak of death resulted from: N ACTUAL SIGNATURE SIGNATURE EXAMINER'S NAME (Type) BENEDICT	harge of the reatural causes	emains described about Accident , Accident , bitaralis	Suicio	de, Homicide CHIEF MEDICAL _M.D. ASSISTANT MED DEPUTY MEDICA Address (Street	, Undet EXAMINER ICAL EXAMINER KL EXAMINER X, city, town, or co	Termined m May 1 Junty Cumb	2, 196 erland	7 . Md.	E SIGNED
	Bureal 5/	TE THEREOF 15/67			rial Garden	s LaVal	ON (City or To-	egany.	Md.	(Stote)
24	H. Wayne Geor	ge Cumb	erland. Md.		MAY	1 8 196	7 got	GISTRAR'S SIG	NATURE CONTRACTOR	

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120

LLEGANY ide corporole limits, MBEHLAND INSTITUTION (if not in hospite Printi Charles OLOR OR RACE Jhite WIDOWE kind of work done gen if relired) 10b.	Middle S: D NEVER MARRIED	c. CITY OR TOWN (IF OL	4. DATE Month OF DEATH May 2° 9. AGE (In years IF UNDE	e. IS RESIDENCE ON A FARM? YES NO D Doy Year
INSTITUTION (If not in hospite PROPIAL HOSP First Charles OLOR OR RACE 7. MARRIE WIDOWE kind of work done 10b.	16:30 Hour: Joing the street oddress Street oddress	d. STREET ADDRESS Lost isler	4. DATE Month OF DEATH May 2° 9. AGE (In years IF UNDE	e. IS RESIDENCE ON A FARM? YES NO D
First Charles OLOR OR RACE 7. MARRIE WIDOWE kind of work done 10b.	Middle S: D NEVER MARRIED	lost isler	9. AGE (In years IF UNDE	ON A FARM? YES NO D
Charles OLOR OR RACE 7. MARRIE WIDOWE kind of work done 10b.	D NEVER MARRIED	isler	9. AGE (In years IF UNDE	
WIDOWE		8. DATE OF BIRTH		
kind of work done 10b.		1-27-1880		R 1 YEAR IF UNDER 24 HRS Doys Hours Min.
initor S	KIND OF BUSINESS OR INDUSTRY School	West Vi	irginia I	CITIZEN OF WHAT COUNTRY? JSA
n Sisler				
S. ARMED FORCES? give wor or dotes of service)	100 10 11/0/		Address Hospital-Cumber	land, Md.
Enter only one couse per line S CAUSED BY: IMMEDIATE CAUSE (o)		ion		INTERVAL BETWEEN HOUTS
	Aspiration	n of Stome	ach Contents	101
	Multiple	injuries		11
				19. WAS AUTOPSY PERFORMED? YES NO
AS 20b.	DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port I or Port II of item 18.)	
onth, Doy, Yeor 2Dd Ay 26 19 67 of y	. INJURY OCCURRED 2De. PLA	CE OF INJURY (Home, form	n, 20f. (City or town) (C	ounty) (Stote)
it I took charge of the r	remoins described above, he	eld an Autopsy X,	Inspection X, Inquiry X	ond in my opinio
`	Betale !	CHIEF MEDICAL	EXAMINER .	22. DATE SIGNED
	ITARELIC, M.	DEPUTY MEDICA	AL EXAMINER X May 2", city, town, or county) Cumber	7, 1967 land, Md.
23b. DATE THEREOF May 30. 196		CREMATORY	23d. LOCATION (City or Town) Hyndman, Bedfo	(County) (Stote)
	Sister S. ARMED FORCES? S give wor or dotes of service) (Enter only one couse per line S. CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Se (o). COUSE COUSE COUSE CANT CONDITIONS CONTRIBUTING AND	Sister S. ARMED FORCES? Signer wor or dotes of service) S. ARMED FORCES? Signer wor or dotes of service) S. ARMED FORCES? Signer wor or dotes of service) S. ARMED FORCES? Signer wor or dotes of service) S. ABPLITATION DUE TO ASPHYXIAT DUE TO Multiple CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO ASSOCIATED TO THE SERVICE OF THE	AS PART CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONTRIBUTION OF STORY OF While of work & at work Page 19 67 Of work & at work Page 19 67 Of While of work & at work Page 19 67 Of While Of While Of While Of While Of While Of Work & Assistant Medical Page 19 67 Of While Of Work & Assistant Medical Page 19 67 Of While Of Work & Assistant Medical Page 19 67 Of While Of Work & Assistant Medical Page 19 67 Of While Of Work & Assistant Medical Page 19 67 Of While Of Work & Assistant Medical Page 19 67 Of Work & Address (Street Page 19 67 Of Work & Addr	Sarah Reynolds: S. ARKED FORCES? S give wor or dotes of service) 159-12-4626 159-12-4626 Memorial Hospital-Cumber: Memorial

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages I and 2 with the State Department of Health or its designated agent, prior to burial, cremation, ar remaval, and in any event within, 2 hours offer death.

FOR STATE HEALTH DEPT

> VR A15ME (5) 6M 1/66

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0601	68		CERTIFIC	ATE O	F DEATH			(75	65
o. COUNTY AL	LEGANY	MARYLAN		2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence o. STATE W. VIRGINIA b. COUNTY						
b. CITY OR TOWN	(If outside corporate limit	'S,	c. LENGTH OF STAY IN 18	b c	CITY OR TOWN (If	outside corpor	ote limits, write RL	IRAL ond giv	e neorest	town)
Write KUE	WEERLAND,	MD.	1 DAY		FT.	. ASH	BY, W.	VA.	8	53
	ORIAL HOSP		give street oddress)	d.	STREET ADDRESS	2				IS RESIDENCE ON A FARM? ES NO
3. NAME OF	F	irst	Middle		Lost	4. DATE	Mor	ıth	Doy	Year
(Type or print)	ARI	LIE	R.	S	TARKEY	OF DEATH	N	AY	31	19 67
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. D.	ATE OF BIRTH		9. AGE (In years	IF UNDER		IF UNDER 24 H
FEMALE	WHITE	WIDOWED	DIVORCED [5	7-7-19		lost birthdoy)	Months	Doys	Hours M
10o. USUAL OCCUPATIO during most of workin Sales	ON (Give kind of work done g life, even if retired) Lady	IN	ND OF BUSINESS OR DUSTRY Dt. Store	11	WEST V		reign country) APerkin		ITIZEN OF DUNTRY?	WHAT
13. FATHER'S NAME UEL RI	CHARDS			14	MOTHER'S MAIDEN		A SEAL	Mig.		
	/ER IN U.S. ARMED FORCES? (If yes give wor or dates		SOCIAL SECURITY NO.	17. INFO	RMANT ORIAL H	OSPIT	AL C	UMBE	RLAN	D, MC
PART I. DE	y, which gove	(a) N	(o), (b), ond (c).) Defeestate Le fastati	ic-	Skeens grow C	leget-	Cercus	evô.		RVAL BETWEEN ET AND DEATH
rise to immedia stating the und lost.		(c)					34			
PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT RELATE	D TO THE	TERMINAL DISEASE (ONDITION GIV	EN IN PART 1(o)		19. YES	WAS AUTOPSY PERFORMED? S NO
OR CONTRIBUTIN	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCU	RRED. (Ente	er nature of injury i	n Part I ar Pa	nt II of item 18.)			
Hour.	JURY Month, Doy, Year o.m. 19	20d. II While ot wor	Not While		F INJURY (Home, fo street, office bldg., et		(City or town)	(0	ounty)	(Stote
	t ify that (1) (this bodeceased alive on_		ded the deceased fra	amAd that de	eath accurred	19 150A	ta May M, fram causes		the date	-
22o. SIGNATUR	Mem	lerell	4	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. [DATE SIGNE	
22c. PHYSTCIAN NAME (Typ	DR. OVE	RTON H	IIMMELWRIGH	нт	22d. ADDRESS' CUMB	ERLAN	D, MD.	/	/	
23o. BURIAL, CREMAT		HEREOF	23c. NAME OF CEMETER		MATORY		OCATION (City or T		(County)	(Stote)

ADDRESS

James F. Scarpelli, Cumberland, Md.

250. REC'D BY REGISTRAR DATE JUN 9

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remark action papers. Pages 1 and 2 director, page 3 shauld be detached for use as the burial-transit permit. Then please rema shauld be filed with the State Dept. of Health prior to burial, cremation, ar remaval, and in any Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

24. FUNERAL DIRECTOR

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

e earban papers. Pages 1 and 2 event, within 72 hours after death

ALKIESTA W YMARSH JAM CURRENTANC, MD. 1 DAY PT. ASHBY, M. VA. A.P. December 25 to San Alegantive 783V-DEED STREET MANUALL HOST LIKE - CIRETA AND IN ONE OF THE PROPERTY OF THE PRO per reserve as a series . La grand le)-, intelligible co-

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

AGAGO

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

AGAGO

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

				00000			
1. PLACE OF DEATH •. COUNTY		2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission					
		a. STATE	b. COUN	TY			
b. CITY OR TOWN (if outside corporate limits.	MARYLAND	Maryland Allegany					
write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporete limits, write	RURAL and give neerest lown)			
Cumberland	FO	0		46.0			
d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	50 yrs	d. STREET ADDRESS	berland	Comment of the Persiperature			
and the state of t	sprior, give sireer eddress)	d. SIREEI ADDRESS		IS RESIDENCE ON A FARM?			
Memorial Hospital	D O A	777 000	nest Designs	YES NO W			
3. NAME OF first	D. O. A.	Last GED	art Drive				
DECEASED (Type or print)			OF	1001			
Edward	Malcolm	Taylor	DEATH MAY	77 19 67			
5. SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED 1 8	DATE OF BIRTH	9. AGE (In years)	IF UNDER 1 YEAR IF UNDER 24 HRS.			
			last birthday)	Months Deys Hours Min.			
Male White WIDOW	ED DIVORCED	May 16, 1	.889 78 Yrs.				
One USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)	CIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY			
Boiler Maker	lity Rec. Dept	14. MOTHER'S MAIDEN	on Creek W V	U. S. A.			
13. PATRICK 3 NAME		14. MOTHER'S MAIDEN	NAME				
Edward T Marsland							
Edward J. Taylor 15. WAS DECEASED EVER IN U.S. ARMED PORCES? 1 16.	SOCIAL SECURITY NO. 1 17. I	NEORMANT Alic	e Rienhart				
Yes, no, or unkown) (Ifyesgivewerordelesofservice)	JOCIAL SECORITI NO. 17. A	MICHIMAN	Address				
		ma	Carmi				
18. CAUSE OF DEATH [Enter only one cause per	line for (e), (b), and (c),	Edward R. T	aylor Cumb	perland Md.			
PART I. DEATH WAS CAUSED BY				ONSET AND DEATH			
IMMEDIATE CAUSE (e)	COR	ONARY OCCLU	SION	SUDDEN			
420/ DUE TO							
	04	200114011 00	TERROTTO				
Conditions, if any, which (b)	CC	DRONARY SC	LEROSIS				
geve rise to Immediate cause							
(a), stering the underlying							
(c)							
PART II. OTHER SIGNIFICANT CONDITIONS COL	NIKIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED?			
				YES NO NO			
20a. EXTERNAL CAUSE WAS 20b. DESCR	INC HOW INTERNATION OF THE PARTY OF	-1 1 1 - 1 - 1 - 1 - 1 -		1E2 NO M			
PRIMARY Or CONTRIBUTING	RIBE HOW INJURY OCCURED. (E	niar nature of Injury in Par	f I or Part II of item 18.)				
CAUSE OF DEATH.							
20c. TIME OF INJURY Month, Day, Year 20d.	INJURY OCCURRED 200, PLA	CE OF INJURY (Home, fern	- 1 204 (Class town)	16 (1)			
20c. TIME OF INJURY Month, Dey, Year 20d. Hour e.m. While		ory, street, office bldg., atc	.) ! (City or town)	(County) (State)			
p.m. 19 et wor	rk at work						
	To the state of th	I A		PSP1			
21. I certify that I took charge of the ren	nains described above, hel	d an Autopsy	Inspection . Inquiry	and in my opinion			
death resulted from: Natural causes	, Accident , Suici	de Homicide	. Undetermined ma	nner 🗍			
		CHIEF MEDICAL					
1	10-1	,					
SIGNATURE Develouch	tkilarelie	M.D. ASSISTANT MED	ICAL EXAMINER	DATE SIGNED			
		DEPUTY MEDICA	L EXAMINER May	7. 1967			
EXAMINER'S NAME (Type) BENEDICT SKI	TARELIC M D						
		Address (Street,	city, lown, or col Cumber]	and, Maryland			
2e. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, town,	or country) (State)			
Burial May 20, 67	Hillcrest Bu	rial Park	Cumberland	Allegeny Md.			
S. POINTE DIRECTOR	ADUKESS /	240 100	7 3 19 19 17 45. WEST	CHARLE MANUELLE			
Teens Lyn Home 119	The IK SE	DATE		0 0			
June oxuniario 111	ercarc. ser						
	Cumberland.	nd.					

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Edward Melacle Taylor May 17 67

Male Maite 28 1889 78

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dynamic . Taylor . Allow Mismington

Edward H. Taylor Ouscerland id.

CORONARY COCLUSION SUCIEN

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BRANDICT SKITTARHEIG, W.D. Comberland, Maryland

- X May 17, 1967

nurial May 20, 67 Hillorest Surial Perk Cueberland Allegany ad.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

STATE		06070		MED	ICAL EXAMIN	ER'S	CERTIFICATE (OF DEATH		00	5059
M DEPT.		PLACE OF DEATH					2. USUAL RESIDENCE	(Where deceosed li			re odmission)
5 -		o. COUNTY	Allegan	U"	MARY	LAND	o. STATE Mar	yland	b. COUNT	Allega	anv
artment of		. CITY OR TOWN (If	autside cornarate limi		c. LENGTH OF STAY II		c. CITY OR TOWN (If o		nits, write RURA		
offer deat		write RURAL and comberlan	give neorest town)		35 Years			berland		01.1	
1/3			OR INSTITUTION (If r	not in hospitol, a			d. STREET ADDRESS	pertand			e IS RESIDENCE
TOOLS			chanic St		,		725	N. Mech	omia Ct	mach	ON A FARM? YES NO Se
)		NAME OF		irst	Middle		Lost Lost	4. DATE	Month		
		DECEASED Type or print)						OF DEATH	May	6	19 67
	S.		Res:	1	LaFayette NEVER MARRIED		Teter B. DATE OF BIRTH		E (In years	IF UNDER 1 YEAR	
	0.6			WIDOWED	DIVORCED		July 5. 191	1.	52 yrs.	Months Doys	Hours Min.
	Ma.		White Give kind of work done		ND OF BUSINESS OR	<u> </u>	11. BIRTHPLACE (Stote			12. CITIZEN C)F WHAT
		ng most of working lif	e, even if retired)	IN	DUSTRY			9	'	COUNTRY	?
	13	Retail Gr	rocer Empl	oyee			14. MOTHER'S MAIDEN	West Vi	rginia	Vai	S.A.
	15.	TATTICK 3 NAME					14. MOTTER'S MAIDER				
	15	WAS DECEASED EVED	Barn Tete IN U.S. ARMED FORCES		SOCIAL SECURITY NO.	17	NFORMANT	Esta	Lamber Addres		
	(Ye	s, no, or unknown) ((f yes give wor or dotes	of service Y				- ·	Addies	Ted Da	st Avenue
	<u> </u>	No			14-07-5598	Mr	s. Cynthia	Teter			town, Md
matian, ar remaval,			TH (Enter only one co WAS CAUSED BY:							IN 0	TERVAL BETWEEN NSET AND DEATH
		4201	IMMEDIATE CAUSE		CORON	ARY	THROMBOSIS			SU	DDEN
		Conditions, if ony, v		E TO	CO	RONA	RY SCLEROS	TC			
		rise to immediate	(a) sauce	(b)	00	TOWN	ILT POTEMOD	1111			60 ← 60
		stoting the underly	ring couse	E TO							
			J	(c)	IN TOUR THE UTTAR OF	ATED TO	THE TERMINAL DISEASE CO	UDITION CIVEN IN	DADT 1/-)	110	VAC ALITODOV
1	NO	PART II. UTHER SIGN	NIFICANT CONDITIONS	CONTRIBUTING	O DEATH BUT NOT KEL	AIED IO	THE TERMINAL DISEASE CO	MUITION GIVEN IN	PAKI I(0)		. WAS AUTOPSY PERFORMED?
	B	OO - EVIEDNAL CALL	CC MAC	T and the	SCRIPT HOW HILLDY OF	CURRED	The transfer of the transfer of	Date Date	() 101		YES X NO
	RTI	PRIMARY ☐ or CONT		20b. DE	SCRIRE HOM INJURY OF	CURKED.	(Enter noture of injury in	Port I or Port II (if item 18.)		
	AL C	CAUSE OF DEATH.		1 00 1 1				1 00/ /6:		15	(6)
	MEDICAL CERTIFICATION	20c. TIME OF INJUR Hour o.m.			NJURY OCCURRED		CE OF INJURY (Home, for ory, street, office bldg., etc		ry or fown)	(County)	(Stote)
	×	p.m.			Not While of work						
							ld an Autapsy 🚺,				d in my apinian
ח		death resulte	d fram: Natui	ral causes 🗶	, Accident	Suic	ide 🔲, Homicido		ermined ma	inner	
nainilhican		ACTUAL /	h. dec	P 16	1		CHIEF MEDICA		_		22. DATE SIGNED
		SIGNATURE	jerre	· Lyer	value	<u> </u>	M.D. ASSISTANT ME	DICAL EXAMINER	MAV	6, 196	
0		EXAMINER'S	DEMENT	m arrm	ADRITA		DEPUTY MEDIC	CAL EXAMINER X	d Liver	M back	
2	00	NAME (Type)	BENEDIC , 23b. DATE TH		ARELIC, M			et, city, town, or co	ON (City or Tow		
00	230	BURIAL, CREMATION REMOVAL (Specify) Burial									, ,
D	2A	FUNERAL DIRECTOR	5/9/6	(ADDRESS	st B	urial Park	D BY REGISTRAR		SISTRAR'S SIGNATU	Maryland
(5)	1		diame Lol	Dooth	n St Cumb	7		100	12.0	arles for	coge
/66		T . LAA 5	TICOY HILL	IMPORTING	m Sir Chamba	070 01	and ivid Lumiters.	7 100	//-		6.0



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0607 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE ALLEGANY Alleg. MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) Frostburg ${ t FROSTBURG}$ 1 DAY IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS Rt. 2 Box 306 MINERS HOSPITAL NO X 3. NAME OF First Middle 4. DATE Last Month Day Year DECEASED BABY BOY THUSS 23. IF UNDER 1 YEAR (Type ar print) DEATH MAY 19 67 S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months Days MALE MAY 22, 1967 WHITE WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? U.S.A. FROSTBURG. MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CAROL THISS 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, ar unknown) {(If yes give wor or dates of service) 17. INFORMANT BOX 306, FROSTBURG, 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 776 X DUF TO Canditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying couse 19. WAS AUTOPS'
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 20a, ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Manth, Doy, Year Hour o.m. 20d. INJURY OCCURRED (City or town) (County) (State) factory, street, affice bldg., etc.) Nat While at wark at work 21. I certify that (1) (this hospital) ottended the deceased from may 22, 1962, to 1967, and that death occurred at 2 P. M. from courses and on the date stated above sow the deceased olive on. 22o. SIGNATURE 22b. DATE SIGNED DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S JOHN B. DAVIS, M. D. 2 BROADWAY, FROSTBURG, MD. NAME (Type) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) (State) BURTAT BIERTOWN CEMETERY RAWLINGS, MD. MAY 24 167 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

J. R. DURST, SR., FROSTBURG, MD. 7-273521

. THE PROPERTY OF LABOUR AS A STATE OF

1 DAY

MAY 22, 1967

FROSTEURG, MARYLAID

CAROL THUSS

U.S.A.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0607	2	CERTIFI	CATE O	F DEATH				080	61
1. PLACE OF DEATH				USUAL RESIDENCE (Where decea			ce before	odmission)
o. COUNTY	LLEGANY	MARYL		MARY	LAND	b. COU		LEGA	NY
b. CITY OR TOWN (I	f outside corporate limits,	c. LENGTH OF STAY IN		ITY OR TOWN (If ou	itside corpore		RAL and giv	e neorest	town)
WITTE KUKAL OF	OMBEREAND	1 DAY 16	HR	CUMB	ERLA	ND		11.1	
d. NAME OF HOSPITA	AL OR INSTITUTION (If not in			STREET ADDRESS				е.	IS RESIDENCE ON A FARM?
M	EMORIAL HO	SPITAL		SII CITY	VIE	W TERRA	CE	YE	S NO
3. NAME OF DECEASED (Type or print)	DARW []	Middle D.	TF	EXLER	4. DATE OF DEATH	Mon MA		20 20	Year 19 67
S. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DA	TE OF BIRTH 79		9. AGE (In veors	IF UNDER		IF UNDER 24 HRS.
MALE	WHITE V	VIDOWED DIVORCED	D 9.	- 14半核製物		los bythdoy)	Months	Doys	Hours Min.
during most of working I	(Give kind of work done life, even if retired) Engineer	10b. KIND OF BUSINESS OR INDUSTRY RETIRI		BIRTHPLACE (County		reign country)		TIZEN OF YOUNTRY?	WHAT
13. FATHER'S NAME	Jane Theor			MOTHER'S MAIDEN	NAME				
	GRANT TREX	LER	400	ALICE	WIND	ELL			
	R IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFOR	MANT		Addr	ess		
No.	(If yes give wor or dotes of ser	705-10-8470	MEN	MORIAL H	IOSP1	TAL, CU	MBER	LAND	, MD.
1B. CAUSE OF DE	ATH (Enter only one couse po	er line for (o), (b), and (c),)		•		2			EVAL BETWEEN
PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (a) _	Chaute	Colen	deac,	tar	Rive		ONSE	T AND DEATH
423	DUE TO	$\neg M$	1+	- (, -	1		
Conditions, if ony,		Myotas	ance	COLL	com	grensa.	Less	3	men.
rise to immediate stating the under				7					
last.	(c)_	Cinen	16-3	cleror	us.			5	yes
PART II. OTHER SIG	SNIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT NOT RELA	TED TO THE T	RMINAL DISEASE CON	NDITION GIV	EN IN PART 1(o)		P	VAS AUTOPSY PERFORMED?
200. ACCIDENT WAS	HNDEDIVING 🗆	20b. DESCRIBE HOW INJURY OC	TUDDED (Enter	noture of injury in	Port Los Po	et II of item 10 \		YES	NO [
OR CONTRIBUTING	CAUSE OF DEATH	200. DESCRIBE HOW INJURY OF	LUKKED. (Emei	notore of injury in	roll I of ro	II II OI HUM ID.)			
THE ENTIRE , NOTH 11	MEDICAL EXAMINER) RY Month, Doy, Yeor	20d. INJURY OCCURRED	20e PLACE OF	INJURY (Hame, form	n. 20f.	(City or town)	((0	unty)	(Stote)
Hour o.m	1.	While - Not While -		reet, office bldg., etc.		(6.1) 51 1511,	100	,,	(5,5,5)
p.m	1.	ot work ot work	ram AAA	/ 10 1	0 67	aMAY 20	10	67 tha	+ //\ /wa\ la
	ceased alive an M	AY 20 19 67, a	nd that der	th accurred at	5:30	Awam rouses	and on t	he date	t (I) (we) las
220. SIGNATURE	coused drive on		-			1, 170111 (00303		ATE SIGNED	
Ele	24/ 1.11	12675		TTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	1 5	1201	64
22c. PHYSICIAN'S NAME (Type)	CLAY E. D	URRETT, MD.		22d ADDRESS		A AVE.,	CUM	BERL	AND, ME
23o. BURIAL CREMATIO	N. 23b. DATE THEREO	F 23c. NAME OF CEMET	ERY OR CREM	ATORY	23d. IC	CATION (City or To	wn)	(County)	(Stote)
REMOVAL (Specify)						r Cumber		Alle	
24. FUNERAD DIRECTO	, ~, .	ADDRESS	mor rar				GISTRAR'S S		0
John	1. Hotel	20 P-1+0 ATTO	Cumbon	Jand NY	PBY REGIST	1967 2	27 /	B. C.	

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10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletery fulled in by the fungal director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and shauld be filed with the State Dept. of Health priar to burial, cremation, ar remaval, and in any event memin 72 hours after de-Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 06073 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o COLINTY a. STATE Allegany Maryland Allegany MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 71 Years Cumberland Cumberland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO DE Memorial Hospital 521 Lowell Avenue 3. NAME OF Middle Lost 4. DATE DECEASED (Type or print) Clarence Valentine, Sr. DEATH Denzil S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR NEVER MARRIED lost birthdoy) Months WIDOWED DIVORCED Sept 20- 1893 Male White 10o. USUAL OCCUPATION (Give kind of work done during most of working Union Tritical)
Retired clerk Trial 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? U.S.A. Cumberland Maryland Magistrate Court 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George P. Valentine Mary Jane McVicker 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. 1914 Bedford St (Yes, no, or unknown) (If yes give wor or dotes of service 217-28-9438 Cumberland, Md No Clarence D. Valentine. Jr INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY ONSET AND DEATH Cardiac Failure Days IMMEDIATE CAUSE (o) DUE TO Pulmonary Fibrosis; Emphysema; Marked Conditions, if ony, which gove rise to immediate couse (a), DUF TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES X NO 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While at work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection T Inquiry Y ond in my opinion deoth resulted from: Notural couses X Accident [Suicide Undetermined monner Homicide CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER X May 10, 1967 **EXAMINER'S** Benedict Skitarelic, M.D. Address (Street, city, town, or county Cumberland, Maryland NAME (Type)

23c. NAME OF CEMETERY OR CREMATORY

Greenmount Cemetery

23d. LOCATION (City or Town)

2So. REC'D BY REGISTRAR

(County)

Cumberland Allegany Maryland
REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

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VR A15ME (5)

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Heolth or

23o. BURIAL CREMATION.

24. FUNERAL DIRECTOR

REMOVAL (Specify)
Burial

23b. DATE THEREOF

H. Lee Silcox Cumberland Maryland 21502

5/13/67

pages lond

delay is PM3. Poge

Item 18. Give Poges 1, Office olong with form

word "pending" in pencil in the Chief Medical Examiner's

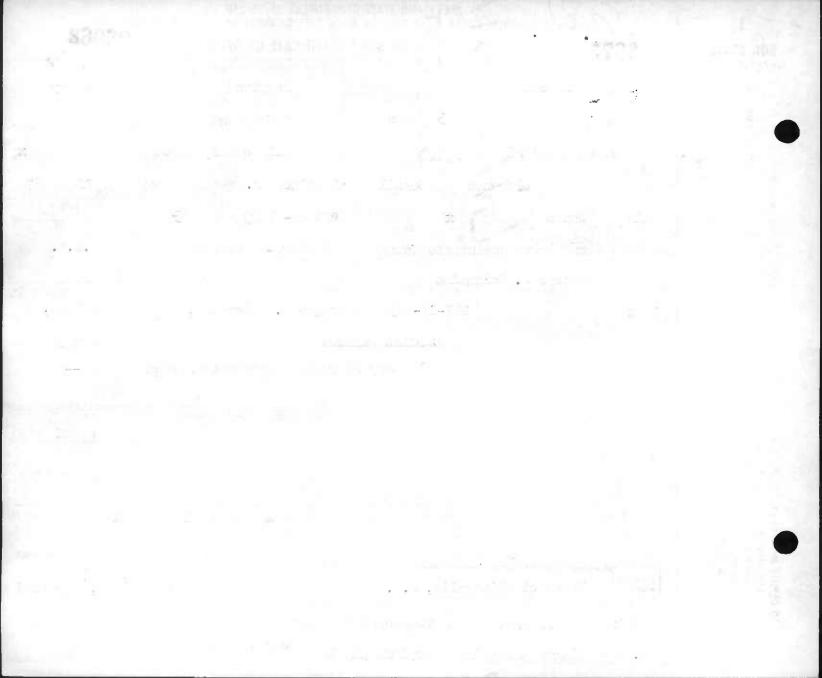
4 should be farworded to

the funeral director.

This certificate should be executed within

EXAMINER:

24 hours ofter death.



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any events within 72 hours after death MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
OF DEATH

PLACE OF DEATH

11 2. USUAL RESIDENCE (Where deceased lived. It institution: Residence before at

00074	CERTIFICATI	E OF DEATE	1		110000
1. PLACE OF DEATH a. CDUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE ASIATE AND	CE (Where deceased liv	b. COUNTY	Residence before admission)
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) CUMBERLAND, MD.	c. LENGTH OF STAY IN 16			imits, write RUR	AL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in		d. STREET ADDRESS)	(/	e. IS RESIDENCE
SACRED HEART HOSPITAL		418 GRAND	AVE.	400	ON A FARM?
3. NAME OF First DECEASED (Type or print) EDITH	Middle M. VAN	Last I METER	4. DATE OF DEATH	Month	0ay Year 11 1967
5. SEX 6. COLOR OR RACE 7. MARRIED		B. DATE OF BIRTH	19. AGE (I	n years IF UNOE	R 1 YEAR IF UNDER 24 HRS.
FEMALE WHITE WIDDWEG		2/25/21	46	rthday) Months	Days Hours Min.
	KINO OF BUSINESS OR INOUSTRY	GARRETT,	ounty & State, or foreig	n country) 12.	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIL	DEN NAME		
JONAS MORELAND		MARY DAVIS			
(Yes, no, or unkown) \((If yes give war or dates of service)\)		SP. RECORD	SACRED	Address HEART H	HOSPITAL
24/X IMMEDIATE CAUSE (a)	line for (a), (b), and (c).] STATUS ASTHMAT I BRONCHIAL ASTHM				INTERVAL BETWEEN ONSET AND DEATH 3 DAYS 15 YEARS
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIB					YES NO X
	DESCRIBE HOW INJURY OCCU	RREO. (Enter nature of	f Injury in Part I or	Part II of Item 1	.8.)
ZOC. TIME OF INJURY Month, Oay, Year 20d. Hour a.m. While p.m. 19 at wor	Not While factor	CE OF INJURY (Home, fa ry, street, office bldg., e	erm, 20f. (City or	town) (C	ounty) (State)
21. I certify that (I) (this hospital) attends saw the deceased alive Dn_22a. SIGNATURE	ded the deceased from 19 67, and that M.O. 62 GR	ATTENOING X PHYS. 22d. ADDRESS	J	causes and Dn 22b. FF	67, that (I) (we) last the date stated above. OATE SIGNED 5-11-67
23a. BURIAL CREMATION, 23b. DATE THEREDF S/14/67/	23c. NAME OF CEMETERY Maysville	OR CREMATORY	23d. LDCATION Maysvi	(City, town or c	ounty) (State) W. Va.
24. FUNERAL DIRECTOR BURNER W	address esternport, Md.	OATE A	1 8 1967		R'S SIGNATURE

VR A15 (4) 20M 1/65

/HACEDAIN	7 11 17 27		ALLEGAKY
	CINEEUTURE	., in the	CUITERLAND, NO.
X	41 GRUD AVE.		SICKED HEART HOSPITAL
11 57	AU UETER	V	EDITH
	2/25/21 16	Χ	F. MITE
U.S.1.	CHRRETT, MARYLAND		7 H
	21 VI 1 VI 1 VI		JOHNS MORELAND
HEART HOSPITAL	HOSP, RECORD S CRED	21 -34-5195	OH.
3.11.15	TICUS	ST-ITUS NSTHIN	
15 VENTS	A.I.H.	127. TE 7. TE	

7 - 11 - 3

RELPH W. FELLIN, M. C. SKEENE ST. CURECLINE, 40. 21502

7-11-7

#1 C/84

And a program of the

May 23, 1967

VR A15ME (5)

23a. BURIAL CREMATION.

REMOVAL (Specify)

Burial 24. FUNERAL DIRECTOR

23d. LOCATION (City or Town) (County) Queens Point Cemetery Keyser, W. Va. 2Sa. REC'D BY REGISTRAR

Mineral

19th.

IF UNDER 1 YEAR

12. CITIZEN OF WHAT COUNTRY? USA

e. IS RESIDENCE ON A FARM?

YES NO

19 67

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

MINUTES

Minutes

WAS AUTOPSY PERFORMED?

(State)

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22. DATE SIGNED

YES W

(County)

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

411		96076	MED	ICAL EXAMINER'S	CERTIFICATE C	OF DEATH		06065
DEPT		LACE OF DEATH				Where deceased lived, if institu		
hin 72 hours ofter deoth.		Allegany		MARYLAND	o. STATE Mare	vland b. coo		rett
deo	b	. CITY OR TOWN (If outside corporate lin	nits,	c. LENGTH OF STAY IN 16		utside corporate limits, write R	URAL and give	neorest town)
5		write RURAL and give nearest town)	stbug,	DOA	Grantsv:		11	1. 2
00	C	. NAME OF HOSPITAL OR INSTITUTION (IF	not in haspital, g		d. STREET ADDRESS	August O		e. IS RESIDENCE
77		Miners			Route 40			ON A FARM? YES NO
		IAME OF TANKS	First	Middle	Lost		nth	Day Year
<i>!</i>	(ECEASED (ype or print)		Walls		OF DEATH May	1	19 67
	S. S		7. MARRIED		8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1	YEAR IF UNDER 24 HRS.
		Male White	WIDOWED	DIVORCED	12/16/191	last birthday) 5 5 3 X52X yrs.	Months	Days Hours Min.
ī	10a.	USUAL OCCUPATION (Give kind of work dor	e 10b. KI	ND OF BUSINESS OR	11. BIRTHPLACE (State			IZEN OF WHAT
		ig most of working life, even if retired)		oustry Comac Edison	Co Gra	ntsville Md	COU	JNTRY? USA
13	13.	Tineman FATHER'S NAME		Ollac Bulson	14. MOTHER'S MAIDEN	ntsville, Md		0,011
		Charles Walls			Sally Bu	tler		
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES	? 16. 9	OCIAL SECURITY NO. 17. I	NFORMANT		lress	
	(Yes	na, ar unknown) (If yes give war or date	s of service)	4-16-2991 M	rs. Sally	Walls, Gra	antsvi	lle, Md.
	T	18. CAUSE OF DEATH (Enter only one of						INTERVAL BETWEEN
buriol, cremation, or removal,		PART I. DEATH WAS CAUSED BY:	F (a)	Cardiac	Arrest			Sudden DEATH
,		0164. 4	IE TO					
*		Conditions, if any, which gave	(b)	Electro	cution			Sudden
		rise to immediate couse (a), stating the underlying couse Dt	IE TO					
		lost.	(c)					
	,	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING T	O DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)		19. WAS AUTOPSY
, / 1	A S							PERFORMED? YES XX NO
/	Ĭ.	20g. EXTERNAL CAUSE WAS PRIMARY IX or CONTRIBUTING □	20b. DES	CRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Part I ar Part II of item 18.)		
designored ogeni, pridr to	E E	CAUSE OF DEATH.	T	ineman working	on 12000 v	rolt Line		
//	Z T	20c. TIME OF INJURY Manth, Day, Year	20d. IN	JURY OCCURRED 20e. PLAC	E OF INJURY (Hame, farn	n, 20f. (City or town)	(Cour	nty) (State)
1/ 3	MEC	2:15 p.mMay 1 19	67 While	Not While Gach	ory street, office bldg., etc.	Carlos, Garr	ett. M	arvland
2	1	21. I certify that I taak char					miry VV	and in my opinion
	-[Accident X, Suici				and in my opinion
5	1		1	y, Accident Las, Sold		EXAMINER	numer	
		ACTUAL SIGNATURE Denedo	XX	estarelia)		ICAL EXAMINER		22. DATE SIGNED
	- 1	EXAMINER'S	<u> </u>	<i>Q</i> -		AL EXAMINER XX May	1. 19	67
2		NAME (Type) BENEDICT	SKITARE	LIC, M.D.	Address (Stree	t, city, tawn, ar count Cumb	erland	. Md.
2	23a.	BURIAL, CREMATION, 23b. DATE T	HEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or To	own) (i	County) (State)
2	B	REMOVAL (Specify)	57	Oak Grove M		Grantsvil	le,Gar	rrett, Md.
11-11		FUNERAL DIRECTOR		ADDRESS	2Sa. REC'I	D BY REGISTRAR 2Sb. R	REGISTRAR'S SIG	GNATURE
100	K	uth Meuras	11 (Grantsville,	Md. DATE WA	17 5 1967	Charl	es Indge

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE		06077	MEDICAL EXAMINER'S	CERTIFICATE OF	DEATH	06066
EALTH OAPT		PLACE OF OEATH D. COUNTY	DT MARYLAND	a. STATE	ere deceased lived, if institution: Reside b. COUNTY land Allegs	
delay is and 3 to M3. Poge then of		Allegany CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)	7	t. CITY OR TOWN (If autsid	de corporate limits, write RURAL and gr	
PA PA		Cumberland H. NAME OF HOSPITAL OR INSTITUTION (If not	t in hospital give street address)	Cumbe	rland	O/./
ges 1, form form ate De hours		Sacred Heart Hos			4. Oldtown Road	e. IS RESIDENCE ON A FARM? YES NO
Give Poges ning with for this 72 hours for this		NAME OF First DECEASED TO 1		Last 4	DATE Month OF	Oay Year
\$ 00 00 00 00 00 00 00 00 00 00 00 00 00	S.	Type or print) Rhod Rhod K Female White	7. MARRIED NEVER MARRIED	Ward B. DATE OF BIRTH BC. 5, 1930	9. AGE (In years last birthday) 36 yrs.	1 19 67 R 1 YEAR IF UNDER 24 HRS Days Hours Min.
offii Offii		USUAL OCCUPATION (Give kind a wark dane ng mast af warking life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Marvlan	foreign cauntry) 12. (CITIZEN OF WHAT
hin ncil ninel poge in o	13.	FATHER'S NAME Jacob Rite	chie	14. MOTHER'S MAIDEN NAM	ME	
0	TS. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, na, ar unknown) (If yes give war ar dates af	service) 16. SOCIAL SECURITY NO. 17. 1	NFORMANT	Address ex 283, Route 4, (Cumberland, i
ote should be executer g the word "pending" ed to the Chief Medicol s a burial-transit permit.		18. CAUSE OF DEATH (Enter only one cause PART I. OEATH WAS CAUSEO BY: IMMEDIATE CAUSE (o	e per line for (o), (b), ond (c).)	HEMORRHAGE		200 HOND GEATH
should be e te word "per o the Chief I burial-transit motion, or re		Conditions, if any, which gave its to immediate cause (a),	b) Rupture of	Congenital /		2 Hours
G G G G G		stating the underlying cause last.	anterior	cerebral art	tery	
for to	ATION	PART II. OTHER SIGNIFICANT CONDITIONS COL	ONTRIBUTING TO OEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDIT	TION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES XX NO
INER: Thi e certificot should be files. 3 should be ent, prior to	CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY □ ar CONTRIBUTING □ CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Par	t I or Part II af item 18.)	
e the e 4 sh our fill oge 3 s	MEDICAL	20c. TIME OF INJURY Month, Oay, Year Haur a.m. p.m. 19	20d. INJURY OCCURRED While Nat While at work at work	CE OF INJURY (Hame, farm, ory, street, affice bldg., etc.)	20f. (City or town) (C	ounty) (State)
rcal Ex execut for. Pog ed for y cror: P ignoted	Y		of the remains described obove, he			
MEDIC) pleose e director retained DIRECT ts design		ACTUAL ACTUAL	Accident , Suici	CHIEF MEDICAL EX	AMINER	
		SIGNATURE X Linedic	to Skitarelia	M.D. ASSISTANT MEDICAL OFPUTY MEDICAL E	EXAMINERXXX May 1, 1	22. DATE SIGNED
fundy of the of	220	NAME (Type) BENEDICT : BURIAL, CREMATION, 23b. OATE THER	SKITARELIC, M.D.		ty, tawn, ar county) EXX Cumb 23d. LOCATION (City or Tawn)	(County) (Stote)
TO FILE		Buria (specify) May 4,	1967 Sunset Memor:	ial Gardens	Near Cumberland	Alleg Md
VR AISME (5)	24	FUNERAL OFFICER TO	ADDRESS Com	2Sa. REC'O B	AMI A	

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

06067

	PLACE OF DEATH O. COUNTY				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission)								
		A.	LLEGANY			MARYLAND	o. STATE	MAR	YLAND	b. CO		LEGAI	VY
	ŀ		If outside corporate limit	s,	c. LENGTH (OF STAY IN 1b	c. CITY OR	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest to				town)	
		CUMBER:	d give nearest tawn) LAND		50	YEARS		CUMBI	ERLAND		01.1	/	
	(d. NAME OF HOSPIT	AL OR INSTITUTION (If n	at in hospita	l, give street add	lress)	d. STREET	DDRESS				е.	e. IS RESIDENCE ON A FARM?
0		31 RI	DGEWAY TERF	RACE				31 RII	DGEWAY	TERRAC	E	Y	S NO
		NAME OF DECEASED	F	rst	M	iddle	Last		4. DATE OF	Mo	nth	Doy	Year
		(Type or print)	GEOR	Æ	1	W.	WEBE		DEATH	MAY		27	19 67
	S. 5	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER	MARRIED	B. DATE OF B	IRTH	9.	AGE (In years lost birthday)	Months	Days Days	Hours Min.
		MATE	WHITE	WIDOWE		DIVORCED	JULY 9	, 1882	2 8	4 yrs.			
	10a.	. USUAL OCCUPATION ing mast af warking	(Give kind af wark dane	10b.	KIND OF BUSINE	SS OR	11. BIRTHP	LACE (County	& State, or fore	ign country)		UNTRY?	WHAT
		CARPENTE	R	S	ELF-EMP	•			VS CREE	K. W.	VA.	USA	
	13.	FATHER'S NAME	0.777 4.777					e's MAIDEN I					
			OHN WEBER					RTRUDE	E GLEIC				
Ä	1S. (Ye	WAS DECEASED EVE es, ng, gr unknown)	R IN U.S. ARMED FORCES? (If yes give war or dotes	of service)	6. SOCIAL SECURI	3.75	INFORMANT			Add	dress		
	`	NO	, ,		14 07 1	206 I	CFFIE E	WEBE	GR	CUMB	ERLAND	MD.	
		18. CAUSE OF DI	EATH (Enter only one co TH WAS CAUSED BY:	use per line	far (a), (b) apa	(9)/04	2000	1.	10.1	-	L.		T AND DEATH
		H-	, IMMEDIATE CAUSE	(a)	016	reside	recei	rue	coral	1 1400	Neses	12/4	rescr
			DUE	10	10	Mar	No	ond	211	Mul	ali	1	vea
		Canditians, if ony rise to immediat		(b)	C	reev	n// -	eva	ares	gener	myy		
		stating the unde	rlying cause		1							1	
			GNIFICANT CONDITIONS ((c)	C TO DEATH BUT	NOT DELAME TO	THE TERMINAL	DISEASE COL	NDITION AVEN	IN PART 1(a)		19. V	WAS AUTOPSY
2	NOI	I ART II. OTTER 3	ONITICANT CONDITIONS	ONIKIDOJIN	OLIA	non	ADM	N	W land	wan		YES	PERFORMED?
	FICA	20g. ACCIDENT WA	STINDERLYING [7]	20h	DESCRIBE HOW I	JURY OCCURRED	(Enter noture	of Mury in	Port Lor Port	II of item IR		/ES	NO C
	CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH	200.	DESCRIBE HOW	BOOK! OCCORNER	. (Elitor Hotoro	01,017 111	1011 1 01 1011	11 01 110111 10.7			
			MEDICAL EXAMINER) JRY Manth, Day, Yeor	20d	. INJURY OCCURR	ED 20e P	LACE OF INJURY	(Home, form	n. 20f.	(City or town)	(Cou	unty)	(State)
Н	MEDICAL	Hour a.r	n.	W	ile Not Wh	ile 🗂 fo	actory, street, off					,,	
	-	21 Leordi	fy that (1) (this ha	-	onded the de				19 (27) 30	- Alex	17/19/	2 /the	it (I) (we) la:
			eceased alive an	Mai	1. 19		at death ac	1		fram cause	s and an th		stated abave
		220. SIGNATURE	10	(4.777.101		les	67455		ATE SIGNE	
	14	HARLING ST	& Chell	A.D. PHYS. DIRECTOR DIRECTOR DIPHYS. MAY 29, 1967									
,		22c. PHYSICIAN	1				22d. A	DDRESS					1-1-4-1
/		NAME (Type	DAVID T.	REES	M.D.		712	PINOM P	GOMERY	AVE.	DUMBERI	AND,	MD.
	23a	BURIAL, CREMATIC		EREOF	23c. NAME	OF CEMETERY O	R CREMATORY		23d. LOC/	ATION (City or	lawn)	(County)	(Stote)
3		REMOVAL (Specify BURTA)	MAY 29	, 196		. LUKES	CEMETE			BERLAN			
5	24	. FUNERAL DIRECTO BYRO]			ADD	RESS BERLAND,	MTO	2 2 4 4	BY REGISTRA		REGISTRAR'S S	()	100
		211101	A TYT OILT		COPI	OTH WILLIAM	TID.	DANGUI	1 1	967	charge	as you	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remained garban papers. Pages 1 and 2 shauld be detached far use as the burial, crematian, ar removal, and any eyent, within 72 hours after death.

VR A15 (4) 20 M 1/66

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Adjuster Blacker and Advance and Industries

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

property of the same of the sa
FOR STATE
115 41 511 555
HEALTH DEPT.
1 4 6

10 Page

in Item 18. Give Pages

be executed within 24 haurs after death.

This certificate should

the ward

please

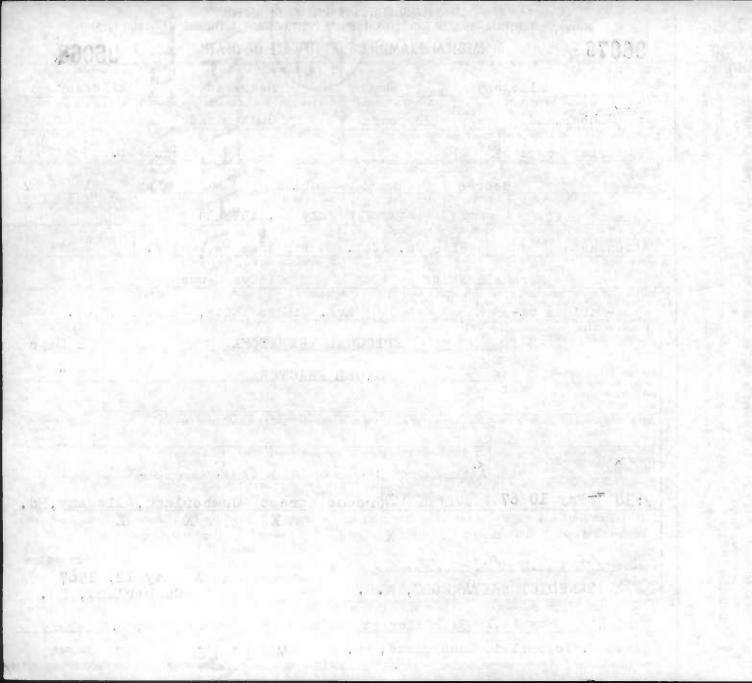
delay

death. Department after hours e State [72 hour the = and 2 with t .= File puo permit. removal burial-transit 70 crematian, 0 burial, p prior 3 should designated agent,

form alang Office ward "pending" in pencil in the Chief Medical Examiner's Page 4 shauld to far your files. may be retained far yaur FUNERAL DIRECTOR: Page funeral directar. Health ar

06073 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a COUNTY o. STATE Allegany Maryland Allegany MARYLAND b. CITY OR TOWN (If outside corporate limits. CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 24 years Cumberland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? West Second St. Memorial Hospital YES NO X 3. NAME OF Middle Lost 4. DATE DECEASED White (Type or print) George Edward May 67 DEATH S SEX DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED IF LINDER 24 HRS NEVER MARRIED 24 birthday) July 14. 1942 Male White WIDOWED DIVORCED 1Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Attendant INDUSTRY COUNTRY? (Vol. Los Angeles, Calif. USA Co. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Marshall White Gladys Newman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, arunknawn) (If yes give war or dates of service)
yes-Marines 61-65 Mrs. Gladys White. Cumberland.Md. 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY EPIDURAL **HEMATOMA** IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave SKULL FRACTURE rise to immediate cause (a). DUE TO stating the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES TY NO 2Dg. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) PRIMARY ar CONTRIBUTING CAUSE OF DEATH. Motorcycle in 2Dc. TIME OF INJURY Manth, Day, Year 20e. PLACE OF INJURY (Home, form, Nat While at wark AGreene Street 9:30 May 10 67 While at wark Cumberland, Allegany, Md. 21. I certify that I taok charge of the remains described above, held an Autopsy K. Inspection X, Inquiry X, ond in my opinion Accident X Suicide death resulted fram: Natural causes Undetermined manner Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER May 12, 1967 SKITARELIC, M.D. BENEDICT Address (Street, city, town, or countCumberland. Md. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION 23b. DATE THEREOF (County) 23d. LOCATION (City or Town) REMOVAL (Specify) Burial Hillcrest Burial Park Cumberland, Md, Allegany 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Milarles James F. Scarpelli, Cumberland, Md. 1967

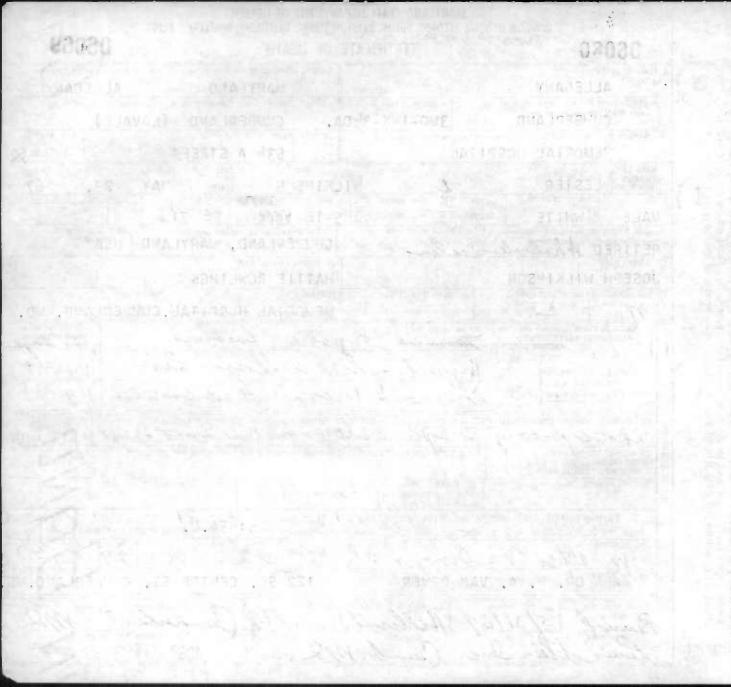
VR A15ME (5)



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items #8 & 9 Film #63.21 8/7/67 ph...

	U6080 CERTIFICA	ATE OF DEATH UOUDS						
1	. PLACE OF DEATH a. COUNTY ALL F. C. A.N.Y.	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. STATE b. COUNTY						
V.	ALLEGANY MARYLANI	MARYLAND ALLEGANY						
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give pegrest town) c. LENGTH OF STAY IN 16							
	write RURAL AND 3MO - 1WK - 3	2DA. CUMBERLAND (LAVALE)						
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e IS RESIDENCE ON A FARM?						
	MEMORIAL HOSPITAL	534 A STREET YES NO NO						
	NAME OF First Middle DECEASED (Type or print) LESTER	Lost 4. DATE Month Day Year WILKINSON DEATH MAY 29. 1967						
Ī	S. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED	B. DATE OF BIRTH 1891 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.						
L	MALE WHITE WIDOWED DIVORCED	5-18-185 76 last birthday) Months Days Hours Min.						
-	100. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR loring most of working life, even pretired) RETTRED Pholosoles Dealer	11. BIRTHPLACE (County & Stote, or foreign country) CUMBERLAND, MARYLAND 12. CITIZEN OF WHAT USUATRY?						
ſ	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
ı	JOSEPH WILKINSON	HATTIE ROWLINGS						
	IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Address						
ı	(Yes, no or unknown) (If yes give war or dotes of service)	MEMORIAL HOSPITAL, CUMBERLAND, MD.						
	IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Jerminal £	epatie failme Interval Between ONSET AND DEATH						
	Conditions if any which cave	his andosis Liver I yeart						
	rise to immediate cause (a), stating the underlying cause last. (b) DUE TO Corlinome for a natural methods to line 1 year							
11014	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO SUPPLY TO SUPPLY TO SUPPLY S							
20a. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PERFORMED? VES NO Z 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)								
	Hour o.m. p.m. 19 While of work of at work	. PLACE OF INJURY (Hame, form, factory, street, affice bldg., etc.) (City ar town) (County) (State)						
	saw the deceased alive an 2 8 may 19 6, and	21. I certify that (I) (this haspital) attended the deceased fram 1 gm, 1950 to 29 mm, 1967, that (I) (we) last saw the deceased alive an 28 mm, 1960, and that death accurred at 3:45 m, from causes and an the date stated abave.						
	220. SIGNATURE W. alked Va Diney 2 M. P. ATTENDING DE MED. STAFF 226. DATE SIGNED 27 May 67							
	22c. PHYSICIAN'S NAME (Type) DR. W. A. VAN ORMER	224 ADDRESSO. CENTRE ST, CUMBERLAND, MD.						
	230. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETER 25/31/67 Hellers	Burief Ph. Cumberland, Md.						
	Lavis Steen Inc. Curb.	250. RECD BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Clearles Judge						

IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 4 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours of the defined with the State Dept. Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M 1/67



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

4	06081		MEDI	ICAL EXAMIN	ER'S	CERTIFICATE (OF DEAT	Н	060	70	Vi.
1.	PLACE OF DEATH					2. USUAL RESIDENCE	Where deceos			before	odmission)
	o. COUNTY	Allegany		MARYI	AND	O. STATE MARY	LAND	b. COU		LEGA]	JY
	b. CITY OR TOWN (f outside corporate limi	ts,	c. LENGTH OF STAY IN		c. CITY OR TOWN (If o		te limits, write RU		and the same	
	write RURAL and	give negrest town) berland		40 YEAR	S	CUMBER	RT. A NTD		1	1. /	
		AL OR INSTITUTION (If n	at in hospital, a			d. STREET ADDRESS	THE		41	e.	IS RESIDENCE
	Mem	orial Hos	enitel.	DOA		12 QUEEN	OTMV T	>		YE	ON A FARM?
3	NAME OF		irst	Middle		lost	4. DATE	A V ENTE IN I	th.	Doy	Year
	DECEASED	THEO			1.71	LITAMS	OF DEATH			001	1967
ς	(Type or print)	6. COLOR OR RACE	7. MARRIED	B. NEVER MARRIED		LLL AMO		MAY AGE (In years	26 Lifunder 1	YEAR I	F UNDER 24 HR
٥.			WIDOWED					lost birthdoy)			Hours Min.
10	MALE	WHITE (Give kind of work done		ND OF BUSINESS OR	L JA	UG. 31,1903		63 yrs.	12 (11)	ZEN OF V	/HAT
du	ring most of working LABORER	life, even if retired)	INI	DUSTRY		,	0	um 1/	COU	NTRY?	
	LABOREH		RA	ILROAD		MARYLA 14. MOTHER'S MAIDEN			L U	SA	
13											
10		E WILLIAMS		OCIAL CECHDITY NO	17 1	VIOLA PO	RTER	Addr	200		
(Y	es, no, or unknown)	R IN U.S. ARMED FORCES! (If yes give wor or dotes	of service)	SOCIAL SECURITY NO.							
	MO			UNKNOWN	JA	MES E. WILI	IAMS	CUMBER	RLAND,	MM I	
		EATH (Enter only one co I'H WAS CAUSED BY:	use per line for	(o), (b), ond (c).)	~~~					INTER	AND DEATH
	4 27	IMMEDIATE CAUSE	1-7		COR	ONARY OC	CLUSI	ON		SIII	DEN
	420	501	E TO		0	AD AN A DAG	COTOD	0070			
	Conditions, if ony	(0) 921103 9	(b)		U	ORONARY	SCLER	0212		•	B 400
	stoting the unde		E TO						Ī		
	lost.)	(c)							T10 11	LLC ALLITO DOM
S	PART II. OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING T	O DEATH BUT NOT RELA	TED TO T	HE TERMINAL DISEASE CO	INDITION GIVE	N IN PART 1(a)		P	AS AUTOPSY RFORMED?
S										YES	□ NO]
MEDICAL CERTIFICATION	2Do. EXTERNAL CA PRIMARY ☐ or CO		2Db. DES	SCRIBE HOW INJURY OC	CURRED. (Enter noture of injury in	Port I or Port	II of item 1B.)			
E CE	CAUSE OF DEATH.										
200	2Dc. TIME OF INJU	JRY Month, Doy, Yeor	2Dd. IN	JURY OCCURRED		E OF INJURY (Home, for ory, street, office bldg., etc		(City or town)	(Cour	ity)	(Stote)
W	p.1	n. 19		Not While at work							
	21. I certif					d an Autapsy 🔲 ,		an 🎆 🔝 Inqi	uiry 🔄,	and i	n my apini
	death resul	red fram: Natur	al causes 🎘	Accident,	Suici	de 🔲, Hamicide	e 🔲 , Ur	ndetermined m	nanner 🔲		
	ACTUAL	2 ,	40	1	1.		L EXAMINER			0.0	DATE CLOSE
	SIGNATURE	senedic	137	etarel	ich	M.D. ASSISTANT ME					DATE SIGNE
	EXAMINER'S	BENEDIA	יות פעדו	TARELIC,	M D	DEPUTY MEDIC				, .	1967
_	NAME (Type)							or countyCum			Md.
23	 BURIAL, CREMATIC REMOVAL (Specify 	1		23c. NAME OF CEME				CATION (City or To		County)	(Stote)
_	BURIAL	MAY 29	, 1967		I' BU	RIAL PARK	D BY REGISTR	MBERLANI		MIATURE	
2	4. FUNERAL DIRECTO BYRON		CIT	ADDRESS MBERLAND,	MTD.	DATE		1967	EGISTRAR'S SIC	BO	der
			30.	· · · · · · · · · · · · · · · · · · ·	•	DATE	11 1	1004 //-		1	U

and the state of t

death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. Page 4 may be retained by the hospital or attending physician.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MARYLAND STATE DEPARTMENT OF HEALTH

	06082			CERTIFIC	ATE	OF DEAT	Н		UOL	111	
1.	PLACE DF DEAT a. COUNTY	ALLEGANY		MARYLA	ND	2. USUAL RESIDE a. STATE	NCE (Where dec	eased lived, If Inst b. COUN			admission)
(b. CITY OR TOW Write RURAL	/N (If outside corpor and give nearest to	own)	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN		porate limits, wri			est town)
		SPITAL OR INSTITUT		nospital, give street add	ress)	d. STREET ADDRES		542			ESIDENCE FARM? ND
3.	NAME DF DECEASED (Type or print)	ROBE	First RT	Middle W.	W	Last I LSON	4. DATE DF DEATH	Month	Di	•	ear 967
1	SEX 1ALE	6. COLOR OR RAC	WIDOWED		= 1	. DATE OF BIRTH 4-20-35	9.	1 1 1 1 1	IF UNDER 1 YEA Months Days		
(CONTRACT			KIND OF BUSINESS OR INDUSTRY RSH CONTRACT	ING	MIDLAND,	MD. 21		U.S.A	RY?	AT
F	FATHER'S NAM ROBERT W	ILSON				MARTHA AN					
(Ye		EVER IN U.S. ARMED (If yes give war or date		. SOCIAL SECURITY ND.		SP. RECORD		SACRED	HEART		
		DEATH [Enter only of EATH WAS CAUSED IMMEDIATE CAUS	BY:	line for (a),-(b), and (c).	re	e Ellen	ed.		OI OI	IERVAL E	ETWEEN DEATH
	Conditions, If gave rise to	any, which)	(b)	Mitral	d	flenos	in				
2	cause (a), s underlying caus	tating the DL se last.	JE TD (c)	hermal	lec	flean	AM	Dies	0		_
CERTIFICATION	PART II. OTHER	SIGNIFICANTCONDIT		UTING TO DEATH BUT NO							AUTOPSY ORMED? NO [
	2Da. ACCIDENT DR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING ING COURSE OF DETERMINED THE MEDICAL EXAM	EATH (INER)	DESCRIBE HOW INJURY	OCCU	RRED. (Enter nature	of Injury in Pa	art I or Part II o	Item 18.)		
MEDICAL	20c. TIME OF Hour a.i		While	Not While	e. PLAC factor	E OF INJURY (Home, y, street, office bidg.	farm, 20f. , etc.)	(City or town)	(County)		(State)
		fy that (I) (this ho ceased allve on	spital) attend	ded the deceased from 196 Z, and		death occurred a	196 Z, to_ 207 M, fro	om the causes		te state	
	22a. SICNATU	Left	gox		M.D.		MED. DIRECTOR	STAFF PHYS.	22b. DATE :	SIGNED 5	67
	22c. PHYSICIA NAME (T	ypex J. A.	PA6H	W M.D.		22d. ADDRESS	geley	, W- 0	Vis.		
23a	Burial (Sp	1 5/8		Memorial ADDRESS		ark		cation (city, to		N	(State)
24.	George	Eichhor	n Lo	710011200	Md.				worles }	MATURE	

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Y	MLLEGOS	, 100	YEAH		, ALLEGNICK	
			0.07011	25/00/1-0-	ESLIM, 19.	1 12
Y		21,12	,0.01011		JATIASCH TXV 31	S 10
7	(YAF	HITZUF	• M	ROBERT	
		32	1,-20-35		. THIV	BJAI
	U.S.A.	215.2	, TITIN DI	RISH CO. TRACTI	N DACTION VOLUME	THES
		WILTERS	INIA ARTRAN		ERT VILSO	BECA
SPITAL	OH TRAFF	SACREN	HOSP, RECORD.			

decree alemost . Isnaconing, Md.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		06083			CERT	IFICATE	OF DEATH			0	60	72	
		PLACE OF DEATH	llegany	700	MA	ARYLAND	2. USUAL RESIDENCE (V	Where deceased	l lived, if institut b. COUI	VTV	gan		on)
	ŀ	b. CITY OR TOWN (I	f outside corporate limit give nagrest town)	s,	c. LENGTH OF STA	y IN 1b	c. CITY OR TOWN (If ou Midl	itside corpor o te	limits, write RU	RAL ond giv	e neores	st town)	- 6
0	(d. NAME OF HOSPIT	al or institution (if n		give street oddress)		d. STREET ADDRESS	h Str	eet			e. IS RESII ON A F	DENCE ARM? NO.
		NAME OF DECEASED (Type or print)		irst F.	Middle	WIRN	Last ER	4. DATE OF DEATH	5/12	/196	Doy	Yes	or
	S. S		6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARR		DATE OF BIRTH	9.	AGE (In years last birthdoy) yrs.	IF UNDER Months	_	IF UNDER Hours	Min.
	10a. duri		(Give kind of work done life, eyen if retired) WIIE		IND OF BUSINESS OR IDUSTRY		11. BIRTHPLACE (County Avilton				TIZEN OF		18
		FATHER'S NAME	Isado		rlitz				McKen				
	15. (Ye	No No or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes	of service)	None	Mr	FORMANT S.Lena St	ephens	Addro	dlan			
		PART I. DEAT	EATH (Enter anly one co IH WAS CAUSED BY: IMMEDIATE CAUSE		(0), (b), and (c).)	Cou	Daughter"	Ocel	usio	n		SET AND D	
		Conditions, if ony, rise to immediat stating the under last.	e cause (o),	(b) (ser	reroler	ped (Beterio	scler	usis		4	ron	7
2	ATION	PART II. OTHER SI	GNIFICANT CONDITIONS		TO DEATH BUT NOT F		E TERMINAL DISEASE COM	NDITION GIVEN	IN PART 1(o)			WAS AUTO PERFORM	OPSY NO M
	MEDICAL CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY	OCCURRED. (E	nter noture of injury in	Port I or Port I	1 of item 18.)				
	MEDICA	20c. TIME OF INJU Hour o.r p.r	10	20d. II While at war			OF INJURY (Home, farm ry, street, office bldg., etc.)		(City or town)	(Co	ounty)	((State)
		saw the d	fy that (I) (this ha eceased alive an_	spital) atten	ded the decease	d fram , and that	death accurred at		fram causes	and an 1	he dat	e stated	
		22a. SIGNATURE	Jani	list	DV	M.D.	ATTENDING PHYS.	MED. DIRECTOR E	STAFF PHYS.	- ·-	PATE SIGN	/	2
/-		22c. PHYSICIAN'S NAME (Type	Lilote 1	VILE	SUR.	M.D.	LON	9001	VING	N	1D	1	
2		BURIAL, CREMATIC REMOVAL (Specify Burial	5/16	/1967			meterv	Av	ilton,	Md.	(Caunty		tate)
1	24.	George George		n Lo	ADDRESS Onaconin	g. Md		BY REGISTRAI		EGISTRAR'S	_		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban pages. Pages I and 2 should be filed with the State Dept. af Health priar ta burial, cremation, or removal, and in any event, within 72 hayrs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

funeral 1 and 2 er death. after . by the n filled in by the papers. Page hin 72 hours a within 72 51 carban and tompletely ent, any eve please I, and il physician or remaval, en permit. crematian. signed by the burial-transit burial, cremati be retained by the haspital ar attending physician. prior to has been the OS use Health r this certificate to detached far use Dept. of 0

requires that the death certificate be executed within 24 haurs after

TO FUNERAL DIRECTOR: After director, page 3 should should be filed with the Page 4 may b

VR A15 (4) 20 M 1/66

06084 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY b. COUNTY ALLEGANY ALLEGANY MARYLAND b. CITY OR TOWN (If outside carporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) write RURAL and give nearest town)
FROSTBURG FROSTBURG: WEEKS d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS MINERS HOSPITAL DEPOT ROAD YES NO X 3. NAME OF Middle 4. DATE First Last Month Day Year DECEASED WOLFORD DEATH MAY 19 67 (Type or print) SEX AGE (In years IF LINOFR YFAR IF LINOFR 24 HRS 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH last birthday) Months Haurs Dovs WIDOWED OIVOR CED 1890 10g. USUAL OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of warking life, even if retired) INDUSTRY BARTON. MARYLAND HOUSEWIFE HOME 14 MOTHER'S MAIDEN NAMI 13. FATHER'S NAME WILLIAM EDWARD NORA ROSS 16. SOCIAL SECURITY NO 15 WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT FRUSTBURG. MD. (Yes, no, or unknown) (If yes give wor or dates af service) ODIS WOLFORD NO INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). ONSEJ-AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate cause (a). DUF TO stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? CFRTIFICATION NO 20g. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Doy, Yeor 20e, PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour o.m factory, street, office bldg., etc.) Not While at wark at wark 21. I certify that (I) (this haspital) attended the deceased fram 19 66 ta. saw the deceased alive an may 20 1967, and that death accurred at 11 M, fram causes and an the date stated above. 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. M.D. DIRECTOR PHYS 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) BROADWAY. JOHN B. DAVIS M.D. FROSTBURG. MARYLAND 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION (County) (Stote) FROSTBURG PARK FROSTBURG. MARYLAND 2Sb. REGISTRAR'S SIGNATURE

THE PARTY OF THE RESIDENCE OF THE PARTY OF T 06073

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EVAMINED'S CEDTIFICATE OF DEATH

FOR STATE		00000	MEDICAL EXAMINER	CERTIFICATE U	T DEATH	U	5014
HEALTH DEPT.		PLACE OF DEATH		2. USUAL RESIDENCE (Where deceosed lived, if		ce before odmission)
50 5 to 1		ALLEGANY	MARYLAND	o. STATE	ZLVANIA	b. COUNTY	ERSET
Poge to		CITY OR TOWN (If outside corporate limits,			utside corporate limits, w		
del ond M3.		write RURAL and give nearest town) RURAL - FROSTBURG	SEVERAL HOU	DIDAT	- SALISBUR	v	753
f any de 1, 2, ond m PM3.		I. NAME OF HOSPITAL OR INSTITUTION (If not		d. STREET ADDRESS	- OMPTODOM	.1	e IS RESIDENCE
If De De		HOFFMAN ROAD		DOTIME #4	DOW MI		ON A FARM? YES Y NO
Poges vith for Stote	2	NAME OF Firs	st Middle	ROUTE #1	4 DATE	Month	Doy Year
		DECEASED			OF DEATH	MAY	28 19 67
Give Give Manuth	S.		7. MARRIED NEVER MARRIED	Ziegler B. DATE OF BIRTH	9. AGE (In y	eors IF UNDER	1 YEAR IF UNDER 24 HRS
o with	1	PEMALE WHITE	WIDOWED DIVORCED	MARCH 17. 19	lost birth	doy) Months	Days Hours Min.
hours Item 18 Office of I and 2 V	-	USUAL OCCUPATION (Give kind of work dane	1DF KIND OF BUSINESS OR	11 BIRTHPLACE (State		1 12. CI	TIZEN OF WHAT
1 = 0	duri	ng most of working life, even if retired) IBM OPERATOR	TIRE MANUFACTURI	NG MARYLANI)	CO	UNTRY?
hin 24 ncil in niner's poges urs afte	13.	FATHER'S NAME	TIME MANOPAOTORIA	14. MOTHER'S MAIDEN		0	
within of the population of the poges of the		KARL H. ZIEGLER		MARY	MARGARET	TRUTS	
in p in p il Exo il Exo 72 h	15.	WAS DECEASED EVER IN U.S. ARMED FORCES?		. INFORMANT	PINICATUSI	Address	
gi' gg'' nit.	(Ye	s, no, or unknown) (If yes give wor or dotes of	167-40-9585 K	ARL H. ZIEGLI	חם 1#חק פי	Y 7/ CA	TERITOR DA
d be executed in production of the formal in transit permit.		18. CAUSE OF DEATH (Enter only one cous		ALLE II. DIEGLE	mt-10//1, 10	A 149 UR.	I INTERVAL BETWEEN
d be e d "per Chief / Chief / tronsit	3	PART I. DEATH WAS CAUSED BY:	an mann	D SKULL			ONSET AND DEATH
Id b Chi tror		933 X IMMEDIATE CAUSE (, , , , , , , , , , , , , , , , , , , ,	D SKULL			Summer
should be e te word "per to the Chief I burial-tronsit		Conditions, if ony, which gove		CTED BY AS	SAILANT)		3.00
the slate of the day of the in c		rise to immediate couse (a), stating the underlying couse	1				
fing rded as a			(c)				
s certificate s , writing the forworded to used as a bu		PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE CO	NDITION GIVEN IN PART	1(a)	19. WAS AUTOPSY
	CATION						PERFORMED? YES NO
This icate be for the formula to the	TFIC	20a. EXTERNAL CAUSE WAS	20b. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of item	18.)	
VER: Thi certificat nould be les. should be on, or rer	CERTIFIC	PRIMARY TO ONTRIBUTING CAUSE OF DEATH.	ASSAILAINT STR	UCK REPEAT	ED BLOWS	WITH RO	CKS
EXAMINER: ute the cert age 4 shoul your files. Page 3 shou cremetion, a	SIGN	20c, TIME OF INJURY Month, Doy, Yeor	204 INTERPLACEMENT 200 F	LACE OF INITIPY (Home form	20f (City or to	nun) (Co	unty) (Stote)
A Page of the property of the page of the	V	Hour o.m. MAY 28 19 (While of work of work Ho	octory, street, office bldg., etc.	Near Fek	hart Al	legany. Md
0 0 00		21. I certify that I took charge	of the remains described above,	held on Autapsy Yv	Inspection XX	Inquiry XXXX	ond in my apinio
ie exector. From formal			Lacauses . Accident . S		Undetermin		
MEC: oleose directo etoine DIREC		1 1. 6		CHIEF MEDICAL			
		SIGNATURE SIGNATURE SERVER SE	tarely.	M.D. ASSISTANT MED	OICAL EXAMINER	MAV	22. DATE SIGNED 29, 1967
ssory, funeral oy be JNERAL Ith prio		EXAMINER'S		DEPUTY MEDIC	AL EXAMINER		
o DEPUTY necessory, the funera S may be S HUNERAL			DICT SKITARELIC, M.I		t, city, town, or county)		
the S m	230	BURIAL, CREMATION, 23b. DATE THE		OR CREMATORY			(County) (Stote)
()		REMOVAL (Specify) BURIAL MAY 31					ALLEGANY, M
VR ATSME (S)		FUNERAL TIRECTOR	TO RES ADDRESS		N 5 1967	Cliary	IGNATURE PLANE
6M 1/67	J	OHN J. HAFER, JR -230	O BALTO.AVE., CUMBER	LAND, MD L DATE U	VOCI G NI		0

. Ch A PARTY OF THE REAL PROPERTY. E 107 (31 ME MS 127 120 ME TETAL OF PROPERTY OF THE PROPERTY OF Callegary State. THE LITTLE OF ASSAULT PARTY. SAVON WILL ON THE UNITED BUT AS UNIC THIMBLESS. . Di guenella, jantar, mesa beca nemitottollo le de 18 181 : THE DIE SILE OF SHE

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06086	CERTIFICATE	OF DEATH	100/61	06075
1. PLACE OF DEATH a. COUNTY ALLEGANY	MARYLAND	a STATE	There deceased lived, if institution b. COUNTY	n: Residence befare admissian) ALLEGANY
b. CITY OR TOWN (If autside carparate limits, write RURA and give peacest town)	37 DAYS		tside carparate limits, write RURA BERLAND	L and give nearest tawn)
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, given MEMORIAL HOSPITAL		d. STREET ADDRESS	ASKI STREET	e IS RESIDENCE ON A FARM? YES NO
3. NAME OF First OECEASED (Type or print) MYRTLE	Middle	MME RMAN	4. DATE Manth OF MAY	Day Year 14, 19 67
S. SEX FEMALE 6. COLOR OR RACE WHITE WIDOWED 7. MARRIED X WIDOWED	NEVER MARRIED 8.	DATE OF BIRTH	9. AGE (In years	Manths Days Haurs Min.
	D OF BUSINESS OR USTRY	11. BIRTHPLACE (County & MARYLAN	State, ar fareign country)	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME HENRY LITTLE		14. MOTHER'S MAIDEN N		
(Yes no or unknown) (If yes give war at dates of service)	2-24-1274B	MEMORIAI	Address HOSPITAL, C	UMBERLAND, MD.
18. CAUSE OF OEATH (Enter only one cause per line for (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (c)	Le Conjudine	Charl Zui	hu à Febrillate	INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO Pulson 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DEATH BUT NOT RELATED TO THE CONTROL OF THE POWER PROPERTY OF THE POWER	ti Sodolle	embolu	19 WAS AUTOPSY PERFORMED? YES NO
	Nat While facta	E OF INJURY (Hame, farm ry, street, affice bldg., etc.)	, 20f. (City ar tawn)	(Caunty) (State)
21. I certify that (1) (this hospital) attended saw the deceased alive an	ed the deceased from	death accurred at	2:05 to A Sily	nd on the date stated obove.
220. SIGNATURE 220. PHYSICIAN'S 220. PHYSICIAN'S	uez M.D.	ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR DISTAFF PHYS.	22b. DATESIGNED, 5/15/67
NAME (Type) WM. P. IAMES		441 NO		. CUMBERLAND, ME
23a. BURIAL (REMATION, REMOVAL (Specify) 5/16/67 24. FUNREAL DIRECTOR	23c. NAME OF CEMETERY OR C Zion Memoria ADDRESS	l Park		llegany Maryland
	Maryland 2150	1 MAAV	BY REGISTRAR 2Sb. REGI	STRAR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral director, page 3 should be detached for use as the burial-tronsit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours of Page 4 may be retained by the haspital or attending physicion.

25M 1/67

